A STUDY OF THE PATIENT RELATIONS CONCEPTS AT MILITARY AND CIVILIAN HOSPITALS

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THESIS

A STUDY OF THE PATIENT RELATIONS CONCEPTS AT MILITARY AND CIVILIAN HOSPITALS

By

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(B.B.A., University of Georgia, 1957)

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A STUDY OF THE PATIENT RELATIONS CONCEPTS AT MILITARY AND CIVILIAN HOSPITALS

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May, 1967

This thesis is a study of the concepts of patient relations at military and civilian hospitals and of the attitudes of the patients toward the care and treatment they receive while patients at these hospitals. The thesis is presented in seven chapters.

Chapter I gives background information relating to the study. Included in this chapter is definitions of public relations as advanced by leaders in the public relations profession. Also included is information about the specific field of hospital public relations and concepts of hospital patient relations.

Chapter II concerns the area of study. Presented in this chapter is a definition of the study area and a description of the study procedures which are used throughout the remainder of the thesis.

Current concepts of good patient relations is the material which is covered in Chapter III. The material for this chapter was obtained through depth interviews with the administrators

and public relations directors of two civilian hospitals and the commanding officers and public affairs officers of two military hospitals. In addition the literature in the fields of hospital public relations, hospital administration, and nursing were researched to determine currently advanced concepts of patient relations.

In Chapter IV the shared concepts and the necessary differences in the concepts of the two hospital types are presented. These differences and similarities were determined by reviewing and analyzing the information gathered for Chapter III.

Chapter V contains an analysis of the questionnaire findings. Patient surveys were conducted at Symmes Hospital, Arlington, Massachusetts, and the U. S. Naval Hospital, Chelsea, Massachusetts. The information obtained from the patient surveys is presented separately for each hospital.

The implications of the findings to the field of hospital public relations is presented in Chapter VI.

Chapter VII contains a summary of the thesis, conclusions drawn from the results of the research and surveys, and recommendations for further research to advance the knowledge of patient relations and hospital public relations.

ACKNOWLEDGEMENTS

Much of the credit for this thesis belongs to those persons at Symmes Hospital, Arlington, Massachusetts and the U. S. Naval Hospital, Chelsea, Massachusetts who so willingly assisted the author in arranging for patient interviews. I am particularly grateful to Mr. Robert R. Lovejoy, Administrator of Symmes Hospital, Arlington, Massachusetts and to Captain Tracy D. Cuttle, Medical Corps, U. S. Navy, Commanding Officer of the U. S. Naval Hospital, Chelsea, Massachusetts for their assistance and cooperation in making the patient interviews and the ultimate completion of this thesis possible.

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Finally a note of gratitude to my wife and son who gave up their husband and father the many days and weeks required in the research and preparation of this thesis.

DISCLAIMER

The interpretations, conclusions, and opinions expressed in this thesis are those of the author and in no way reflect the official policy of the U. S. Naval Hospital, Chelsea, Massachusetts, or the U. S. Navy.

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INTRODUCTION

This thesis is about the development of patient relations concepts at civilian and military hospitals and the attitudes of the patients at these hospitals toward the care and treatment they receive as patients.

In investigating the development of these concepts the author conducted a literature search to determine the current concepts of patient relations existing in the hospital field. Utilizing this information interviews were conducted with the Administrators and Public Relations Directors at two civilian hospitals and their military counterparts at two military hospitals to determine their concepts of patient relations.

Using information obtained from the interviews and the literature search the author prepared a questionnaire. This questionnaire was administered to patients at Symmes Hospital, Arlington, Massachusetts, and dependent patients of military personnel at the U. S. Naval Hospital, Chelsea, Massachusetts, to determine their attitudes toward the care and treatment they received at these hospitals.

From the patient responses, conclusions were drawn and recommendations were made, hopefully for the improvement of patient relations at all hospitals.

I. BACKGROUND

The need for public relations is more pronounced today than it has ever been before and is increasing in importance as the roles of business, government, educational establishments, welfare agencies, and other organizations become more and more complex. More organizations than ever before are resorting to full time public relations staffs or the assistance of independent public relations counsel to better inform and educate the public and to acquire a better understanding of public opinion.

The practice of public relations is an ever changing evolution and new concepts and ideas continue to flow into the profession. As better methods of obtaining desired results are developed older and less effective methods are abandoned in favor of the new tools.

Before embarking on a public relations program it is important that the organization determine the publics to be influenced and informed and plan their program around methods which are best suited to obtaining the desired results. Perhaps the best course of action would be to define public relations as it applies to the particular organization.

A. Definition of Public Relations

Among practitioners of public relations there is considerable disagreement over the definition of "public relations." Each

practitioner has his own definition which he believes best describes the profession.

Public relations is defined by Edward L. Bernays as:

> The attempt, by information, persuasion, and adjustment, to engineer public support for an activity, cause, movement, or institution.[1]

Bertrand R. Canfield defines public relations as:

> A philosophy and function of management expressed in policies and practices which serve the public interest, communicated to the public to secure its understanding and good will.[2]

As defined by Glenn and Denny Griswold public relations is:

> The management function which evaluates public attitudes, identifies the policies and procedures of an individual or organization with the public interest, and executes a program of action to earn public understanding and acceptance.[3]

The definition of public relations given by Philip Lesley is:

> All activities and attitudes intended to judge, adjust to, influence, and direct the opinion of any individual, group, or institution.[4]

In Public Relations News public relations is defined as:

The management function which evaluates public attitudes, identifies the policies and procedures of an individual or an organi-

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[1]Edward L. Bernays, The Engineering of Consent (Norman, Oklahoma: University of Oklahoma Press, 1955), pp. 4-5.

[2]Bertrand R. Canfield, D.B.S., Public Relations Principles, Cases, and Problems (4th ed. Homewood, Illinois: Richard D. Irwin, Inc., 1964), p.5.

[3]Glenn Griswold and Denny Griswold, Your Public Relations (New York: Funk and Wagnalls Company, 1948), p.4.

[4]Philip Lesley, Public Relations Handbook (Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1962), p. 861.

zation with the public interest, and executes a program of action to earn public understanding and acceptance.[5]

Webster defines public relations as:

> The activities of an industry, union, corporation, government, or other organization in building and maintaining sound and productive relations with special publics such as customers, employees, or stockholders, and with the public at large, so as to adapt itself to its environment and interpret itself to society.[6]

The U. S. Navy defines public relations as:

> A function of command that contributes to national security by evaluating public attitudes and executing a program of action through the efforts of every unit and individual in the Navy to cultivate and maintain (1) public understanding and appreciation of the Navy's missions and needs, (2) the good will and cooperation of every individual and organization with whom the Navy deals with externally in its day-to-day operations, (3) high internal Navy morale, and (4) the respect and understanding of the people abroad for the Government and people of the United States.[7]

The foregoing definitions all were coined by leaders in the public relations profession or other fields and all express the individual views of the practitioner or the organization. If the definitions are not already confusing enough we can take the results of a survey in which over two thousand of the leading public relations executives and practitioners of the country were asked to submit their definitions of public relations.[8] A wide variety of concepts was revealed by the replies which characterized public relations as a science, a system, an art, a process,

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[6]Webster's New International Dictionary (Springfield, Massachusetts: G. and C. Marriam Co., 1957), p. 2005.

[7]U. S. Navy Public Information Manual, NAVEXOS P-1035, OCT 1963, p. 157.

[8]Griswold and Griswold, Op. Cit.

a function, a relationship, a humanizing genius, a term, a business, a profession, a method, an activity, a program, a pattern of behavior, a moral force, a combination of media, and many other things.

The definitions submitted were judged by a committee of nationally known experts in the public relations field and the following definition chosen as the best:

> Public relations is the continuing process by which management endeavors to obtain the good will and understanding of its customers, its employees and the public at large, inwardly through self-analysis and correction, outwardly through all means of expression. (By J. S. Seidel, Public Relations Director, Division of Housing, State of New York)[9]

A better definition, I believe, is a definition by W. Emerson Reek, Public Relations Director, Colgate University.

> Public relations is the continued process of keying policies, services and actions to the best interest of those individuals and groups whose confidence and good will an individual or institution covets; and secondly, it is the interpretation of these policies, services and actions to assure complete understanding and appreciation.

How public relations is defined is an important factor in the development of good public relations. The public relations program of an organization which provides services to the public and in turn depends on public acceptance for its continued well being should include a combination of elements in its definition of public relations. A hospital is such an organization and a definition of public relations as it pertains to hospitals should

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[9]Griswold and Griswold, Op. Cit.

include no less than the following elements; evaluation of public attitudes, identification of policies and procedures, establish channels of communication with the public, eliminate misconceptions and misunderstandings, secure public acceptance and good will, and allow for flexibility to adjust to changing attitudes, opinions, and needs.

The organization which is sincere in its desire and honest in its efforts to build and maintain popular support for itself and its policies will find that good public relations come as naturally as any phase of their every day conduct of the affairs of the organization. When situations arise which are not conducive to the development of good relations with its publics, the organization which is public relations minded will be quick to take the initiative to remove those barriers between itself and its publics.

Good public relations are essential to a hospital and a definitive program is essential to the creation of a positive instead of a negative attitude. Lack of adequate public support and respect can be a serious handicap to governmental hospitals and can be fatal to a voluntary institution.

B. Hospital Public Relations and Concepts of Hospital Patient Relations

Hospital Public Relations

Public relations - community relations, information relations, personnel relations - regardless of the name, has

become a vital element in hospital operation.[10] Hospitals, like any other organization, has public relations of some kind. These relations may be friendly, cooperative, and constructive; or they may be filled with tension, suspicion, and misunderstanding. They may be the result of careful planning by the administration, or they may have grown informally and almost unconsciously.

The advances in medical science and consequent changes in the practice of medicine, the many changes in the mores of living, and the enlightenment of the public to the importance of public health and the treatment of disease and injury are constantly increasing the need and the demand for hospital service, and stress the importance of a hospital's relations with the public which it serves.

Whether the hospital be voluntary or governmental, it is in large measure dependent upon public support, making the need for favorable public opinion mandatory.

Increasing costs, arising largely out of the complexity of its organization, influenced by technological and scientific advances, and declining revenues from philanthropic gifts and invested funds, have served to emphasize the need for interpreting the hospital to the people and of stimulating their financial interest in it.

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[10]Janice V. Mitchell, "Survey Shows Increased Emphasis on Public Relations in Hospitals." Hospital Management. August 1963, p. 89.

A properly conducted and sound program of public relations should result in continued and generous support of the institution. It must take advantage of every opportunity to tell its story of service to the public, developing a comprehensive program of community relations, not in competition with similar institutions but rather in cooperation and coordination with them, developing an excellence in service to meet the demands of the community. Only then can it hope to gain large dividends in the form of constant, substantial support, without which it cannot survive.

There may not be anyone on the hospital staff who is designated specifically to perform the public relations function, but someone on the staff is carrying this load. It may be the receptionist at the information desk, the admissions clerk, the head nurse, the administrator or any of his assistants, or a combination of all hospital personnel. Regardless of who performs the function the effectiveness of their efforts will be reflected in their relations with their patients, employees, and community.

Drawing from a definition by Alden B. Mills[11] and adding other elements to round out the definition, hospital public relations is defined as a conscious, sincere, directed endeavor to establish favorable relations with the hospital publics and to strengthen these relations through education and information

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[11]Alden B. Mills, Hospital Public Relations (Chicago, Illinois: Physician's Record Company, 1939), p. 3.

which contribute to the development of mutual understanding, good will and respect.

Who is the hospital's public? The hospital's public is the entire group of people with whom the hospital is likely to have any association. They may be patients, employees, members of the medical staff, students, volunteer workers, benefactors, or neighbors. Sometimes they may be a particular racial, religious, fraternal, or other group or of a given disease classification. Whatever the groups that comprise the hospital's public their program of public relations is essential since hospitals must rely heavily upon the good will and support of the people it serves.

The greatest problem on a local, state, and national level confronting the majority of hospitals is public misunderstanding about the operation of a hospital and the costs involved. There are many problems faced by the modern hospital. These include: (1) releasing stories to satisfy both daily and weekly newspapers, (2) relations with medical staff, (3) stopping rumors, (4) impressing the community with the value of the hospital to the community, (5) competition from other hospitals, (6) control of visitors, (7) proper orientation of personnel, (8) abuse of the emergency room, (9) and probably most important of all, acceptable financial arrangements and methods of collection.

Concepts of Hospital Patient Relations

Illness and suffering have, since time immemorial, been matters of grave concern to all those who come into contact with it. The value attached to human life, the desire to prolong it and to alleviate suffering have through the centuries inspired the quest for more effective means of disease control and prevention.[12]

The importance of the hospital to society rests upon three basic functions: the care of the patient, the education of the doctor, and the extension of knowledge regarding the management or prevention of disease. These tasks are complex and interlocking.

A hospital is or should be a human institution, one evocative of confidence and gratitude, one that people trust and admire and support because they recognize its heart-warming humanity in an increasingly mechanistic world.[13]

Over the years hospital administrators and other hospital employees have come to realize the importance of the opinions of their patients to their future growth and existence. Methods have been devised to obtain from patients their opinions of the care and treatment received while patients at the hospital toward the

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[12]Minna Field, Patients are People (Morningside Heights New York: Columbia University Press, 1953), p. 158.

[13]Gordon Davis, "A Good Public Image Requires Good Behind-the-Scene Planning", The Modern Hospital. June 1965, p. 11.

end that the hospital may provide better service and care for its patients. The effectiveness of these methods is determined by how diligently the hospital develops and initiates corrective measures for patient complaints.

Good patient care depends on the comfort, contentment, confidence, and cooperation of the patient. Since a patients' feeling of security depends to some extent upon the reputation of the hospital, those in charge of its patient relations program play a theraputic role.

The appearance of the hospital may influence the patients' initial attitude toward his hospital treatment. This influence may not last long if the atmosphere inside is different from the outside appearance of the hospital.

The admission office is the first point of patient contact with the hospital and the impression and treatment received at this initial contact is important in setting the patient's frame of mind toward the hospital. Good patient relations calls for putting the patient as much at ease as possible. Knowing something about what he may expect in the hospital is bound to be reassuring to the patient. The time of admission is the time to allay many of the fears that he may have. Explanation of hospital routines, hospital equipment, and the reason for rules and regulations at this time can eliminate misunderstandings and ill feeling later.

Other services rendered to the patient are equally important. The patient is vitally interested in the quality of the nursing care that he will receive at the hospital. If the nurse is skilled in providing patient care, interested in the patient as a person, and prompt to see to the patients needs then she has certainly contributed to insuring that his stay at the hospital will be pleasant.

Housekeeping, food service, and dietary personnel also have a great influence on the satisfaction of the patient toward his hospital care. It is not too much to expect that he will be treated kindly, have a clean environment, and be served food that he can eat. The patients' attitudes are also influenced by the services of the laboratory and x-ray technicians. If these personnel are courteous, efficient, and considerate then the patient is generally satisfied with their services whether he understands the need for them or not.

The area of visiting hours and regulations is one in which the hospital will be able to advance their relations with their patients as well as with his visitors. When visiting hours are thoughtfully arranged, regulations are flexible enough to allow for special circumstances, and the visitor treated with courtesy, the patient will be pleased with the visiting regulations and visitors will be cooperative. Lacking these considerations, visiting hours may create unfavorable relations with both the patient and his visitors.

II. AREA OF STUDY

A. Definition of Study Area

This study will be concerned with the history and development of patient relations concepts, the effects of these concepts on current opinions as to what constitutes good patient relations, and methods best suited to achieving desired patient relations.

It will also be concerned with the attitudes of patients at military and civilian hospitals as to what constitutes good patient relations from the viewpoint of the patient who is confined to the hospital for observation or treatment.

B. Study Procedures

To give the researcher an understanding of the history and development of patient relations concepts, a literature search was made of books, periodicals, and unpublished works related to the field of hospital administration, hospital public relations, and nursing. The literature search enabled the researcher to review and understand the problems encountered by hospital personnel in their quest for improved patient relations as well as the expectations of patients in this area.

Utilizing information gained from the literature search, an interview schedule (Appendix A) was prepared as an aid to interviewing hospital administrators and hospital public relations directors and their military counterparts. The aid of Hospital

Administrators at Symmes Hospital, Arlington, Massachusetts and Frisbee Memorial Hospital, Rochester, New Hampshire was enlisted to provide information on patient relations concepts at civilian hospitals. For patient relations information at military hospitals the cooperation of the Commanding Officers at U. S. Army Hospital, Fort Devens, Ayer, Massachusetts and U. S. Naval Hospital, Newport, Rhode Island was obtained.

Using the information obtained through interviews with the hospital administrators and hospital public relations directors and drawing on information obtained through the literature search, a questionnaire (Appendix B) was prepared for administering to patients at one civilian hospital and to dependent patients of military personnel at one military hospital.

Patients to be interviewed were selected by random selection from those medical and surgical patients undergoing treatment at the hospitals on 15 June and those patients admitted to the hospitals for treatment between 15 June and 27 July. No obstetrical patients were interviewed because a previous research project was conducted which dealt exclusively with obstetrical patients.[1] Because of their youth no pediatric patients were included in the survey.

The survey sample was taken from 357 patients at the civilian hospital and 226 patients at the military hospital.

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[1]Gail R. Jacobs, "An Attitude Study of Obstetrical Patients at Beth Israel Hospital" (unpublished Master's Thesis, SPC, Boston University, 1963).

Lack of adequate time would not permit selection from similar numerical size samples so it was decided to select from an identical time period and adjust the frequency of selection to provide the same number of respondents from each hospital.

At the civilian hospital every sixth patient was selected for interviewing. If the patient proved to be unacceptable or was unwilling to be interviewed the seventh patient was automatically selected. If this patient was also unsuitable the eighth was selected and so on until a suitable patient was found. After which the normal sequence of every sixth patient was resumed. The same procedure was followed at the military hospital except that every fifth patient was selected.

Except for patients who had been hospitalized for long periods of time, interviews were conducted on the fifth day of hospitalization. This gave the patient sufficient time to evaluate the hospital service and form or change opinions. Interviews were conducted at the military hospital between 9:30 a.m. and Noon Monday through Friday. At the civilian hospital interviewing was done between two and five p.m. Monday through Friday.

The questionnaire explored six areas:

1. Admission procedures
2. Previous hospitalization experience
3. Visiting procedures

4. Hospital facilities, services, and food

5. Medical and nursing care

6. Overall evaluation of care and services

Admission Procedures

The admissions office is the first point of public relations contact the patient has with the hospital and both the impression and treatment received at the admissions office are important in setting the patients frame of mind toward the hospital.[2] The admission procedure was carefully and extensively studied for its influence on the attitudes of patients.

Hospitalization Experience

Prior hospitalization experiences of the patient was briefly studied to determine whether the patient was a repeat visitor with specific attitudes toward hospitals and hospital treatment or if they had entered the hospital for the first time with no specific ideas of what to expect in the way of treatment, services, or facilities.

Visiting Procedures

Hospitals often come under criticism because of visiting liberalities or restrictions. The visiting regulations and hours

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[2]Marion J. Wright, R.N., M.S., Improvement of Patient Care (New York: G. P. Putnam's Sons, 1954), p. 36.

were carefully examined to determine their effect on the attitudes of the patients as well as their visitors.

Hospital Facilities, Services, and Food

Medicine broadly conceived serves the imperative function of promoting, preserving, and restoring the health, of both the individual and the community.[3] All of its personnel, facilities, and organizations are but means to these ultimate objectives. It is one of the great systems of the social organism -- comparable to defense, welfare, conservation, transportation, and communication.[4]

Hospital facilities and services were studied to determine their impact and effect on the opinions and attitudes held by hospital patients.

Medical and Nursing Care

The quality of the medical and nursing care of the patient while hospitalized is probably the most important factor in patient relations. The patient may be tolerant of food which differs in taste from that to which he is accustomed. They may accept the strange environment of the hospital room, but when it comes to their personal medical and nursing care they will be content only if their personal expectations are satisfied.

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[3]James Howard Means, M.D., Doctors, People, and Government (Boston: Little, Brown, and Company, 1953), p. 3.

[4]Ibid.

The medical and nursing care were carefully studied to determine if patients were receiving the care they anticipated upon admission to the hospital and if they were satisfied with their care or merely tolerant of it.

Overall Evaluation of Care and Services

The patient was asked to make an overall evaluation of his medical care, nursing care, and all other services he received while a patient at the hospital.

Administration of the Questionnaire

The patient questionnaire was designed so that most questions could be answered by a simple yes or no. However, provisions were made in the questionnaire for recording qualifying statements to the yes or no answers. Some questions were open-ended so that the patient could discuss freely his answers. Whenever a patient seemed to have more to say than the specific question asked for the patient was encouraged to talk freely and the information provided was recorded when it expanded on information applicable to any question. The interviewer occasionally asked additional questions to encourage the respondent to continue talking.

Information obtained through patient interviews was compiled daily. The complete results are contained in a later chapter of this thesis.

Prior to conducting the interview the interviewer arranged

for privacy to insure that the confidentiality of the patient's answers would not be violated. If the patient was in a private room or alone in a semi-private room the interview was conducted in the patients' room. If the patient was a ward patient or was not alone in his room, arrangements were made in advance to have the patient moved to an area where privacy would be assured.

Although complete confidentiality was assured and maintained, there were times when the interviewer felt that the patients were not expressing their true attitudes toward a particular question but were providing the answer which they felt hospital personnel would like them to give. Although the interviewer was introduced to the patient as a graduate student who was conducting research for a thesis and the interviewer reaffirmed his non-affiliation with the hospital it was apparent that some patients felt this to be a survey conducted by the hospital.

Without a more controlled situation and a more elaborate questionnaire it would be near impossible to eliminate this kind of bias from the interview situation.

Both the civilian and military hospitals provided the ultimate in cooperation in conducting the surveys. Although the floor workers were constantly busy they never hesitated to give the researcher all assistance possible in setting up the interviews.

Once a patient was selected the interviewer proceeded to the floor where the patient was housed and gave the patient's name

to the head nurse. The head nurse determined from the patients medical charts if the patient could be interviewed and asked the patient if they would consent to the interview. If the patient consented the head nurse introduced the interviewer to the patient and if necessary arranged to have the patient moved to an area of privacy. The same procedure was followed at both hospitals.

Thirty minutes was allowed for each interview. However, the actual length of the interview varied with how verbose the particular patient was. The interviewer tried to refrain from interrupting the patient so long as the patient did not stray too far from the established line of questioning.

III. CURRENT CONCEPTS OF GOOD PATIENT RELATIONS

Patient relations is an area of concern to all hospital administration. It is only through paying patients, who are satisfied with the care which they have received, that the hospital can attract a steady stream of community support. Hospital administrators must recognize that the activities involved in patient relations is an integral part of management of the institution.

A. Civilian Hospital

Patient relations are those activities involved in handling patient treatment and problems, and influencing the patient to react favorably to their changed environment during their period of hospitalization.[1]

The extent of the nursing services, individual attention received by the patient, and treatment of their visitors are important factors in influencing the patients' choice of hospitals when they have the opportunity to make a choice. This choice is much more limited for the patient served by a community hospital in a sparsely settled rural area than in a metropolitan area where there is an almost infinite number of hospitals available.

Hospital directors and public relations directors of hospitals are increasingly aware of the influence hospital facilities,

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[1]From definitions by Robert R. Lovejoy, Administrator, Symmes Hospital, Arlington, Massachusetts, and Harvey M. Radey, Jr., Administrator, Frisbee Memorial Hospital, Rochester, New Hampshire.

services, and personnel play in influencing present patients to return to their hospital when future hospitalization is required. Not only are they aware of the influence on present patients but also the influence these patients have on their friends and relatives who are also potential customers of the hospital. It should always be borne in mind that a dissatisfied misinformed patient with an average number of friends can do much to injure the reputation and good will of a hospital.[2]

In recent years hospital administrators have come to realize the impact which financial arrangements at time of admission can have on relations with their patients. When patients are asked to make a deposit at time of entry or is asked to make other financial arrangements it immediately creates a barrier between hospital and patient. It leaves the patient with a feeling that the hospital is more interested in getting their money than the physical well being of the patient.[3] Consequently many hospitals have adopted a policy of admission without deposit or financial arrangements. There may be instances where some hospitals have lost money because of this but the gain in patient relations has usually more than offset any financial loss. Most patients have some form of hospitalization insurance which will pay at least a part of the hospital bill anyway.

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[2]Monroe M. Title, "Public Relations Begins With the Patient", Hospital Management. September 1960, p. 36.

[3]Interview with Harvey M. Radey, Jr., Administrator, Frisbee Memorial Hospital, Rochester, N. H., 6 June 1966.

At Symmes Hospital, Arlington, Massachusetts and at Frisbee Memorial Hospital, Rochester, New Hampshire, no deposits or other financial arrangements are required for admission. There is no requirement either that arrangements be made for settlement of the hospital bill prior to discharge.

To eliminate delays in the admission office, many hospitals now use a pre-admission card which is supplied to the patient by the admitting physician. When this card is completed and returned to the hospital the hospital has all the necessary information to complete the administrative details of admission prior to the patients arrival at the hospital.[4] In the absence of the pre-admission card, admissions office personnel often contact the patients' home by phone the day prior to admission to relieve the patient from waiting while routine clerical tasks are performed.

At Symmes Hospital the patient is escorted from the admissions office to their room by a nurse who instructs them in hospital routine, answers any questions they may have concerning their hospitalization, and assists them in dressing for bed if required. After the patient has been shown to their room, temperature, pulse, and blood pressure are taken, and routine and special laboratory tests are conducted as required. The admission is complete when all the laboratory tests are finished.

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[4]Interview with Mrs. Mildred Roper, Supervisor of Admissions, Symmes Hospital, Arlington, Massachusetts, 24 June 1966.

After the admission has been completed the patient immediately becomes interested in the visiting regulations of the hospital. If they have been a patient at the same hospital recently they, their family, and friends will already be aware of the regulations concerning visitors.

Following the general trend of hospitals, both Symmes and Frisbee Memorial are very liberal in their visiting hours and regulations. At Frisbee Memorial visiting begins at eleven thirty a.m. and at Symmes visiting begins at twelve a.m. At both hospitals visiting continues without interruption until eight p.m. Both hospitals limit visitors to two per patient at any one time. This rule is not rigidly enforced unless the room becomes crowded or the visitors are disturbing to other patients. A waiting room is available at Symmes where ambulatory patients may visit with a large number of visitors. Visiting is limited to persons who are fourteen years of age or over but, as with other visiting regulations, special consideration is given to individual cases.

Both the administrator and the dietary personnel at Symmes Hospital are aware of the influence the patients' food has on the overall attitude of the patient toward the hospital. Within dietary restrictions the patient selects his meals for the following day from a menu provided with his breakfast tray. On the day of admission the patient selects his food for the remainder of the day as part of the admission procedure.

Members of the dietary staff visit each patient shortly

after admission to explain menu selections and insure the patient is aware of the method of selection. The dietician visits those patients who are on a strict diet and discusses their likes and dislikes among the foods which the patients' diet allows. This information is maintained on index cards and is referred to when the patients' meals are prepared.[5] Dieticians at hospitals are often handicapped in their efforts with diet patients because physicians have failed to advise the patient that they will be on a diet while hospitalized or do not stress the importance of the diet to the patient.

At both Symmes and Frisbee Memorial the administrators relate that from ten to twenty per cent of their time and administrative budget is spent on activities or things designed to improve or maintain the quality of the hospitals patient relations. Toward the end that the satisfaction of the patient will be maintained the administrators investigate each patient complaint to determine what corrective or preventive measures are necessary.

While neither hospital has a patient relations program set down in writing the administrators were aware of the importance of patient relations to the present and future reputation of the hospital. Visiting patients is one of the administrators duties and although it is not possible to visit all patients the administrators visit frequently enough to keep informed of patients'

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[5]Interview with Mrs. Frances C. Ferris, Chief Dietician, Symmes Hospital, Arlington, Massachusetts, 24 June 1966.

attitudes.

New personnel are instructed in patient relations in the course of a training program for new employees. Problems which arise are discussed at regularly scheduled staff meetings and department heads are responsible for initiation of corrective actions.

At Frisbee Memorial additional feedback on patient attitudes is obtained through use of a patient questionnaire. This questionnaire is presented to the patient at the time of discharge along with a stamped self-addressed envelope and can be completed at the patients leisure. The respondent to the questionnaire is anonymous and the hospital reports a return of eighty-five per cent. This is considerably higher than the normal return expected from this type survey.

Volunteer workers can be a valuable asset to the patient relations program of any hospital. Symmes uses candy stripers on each floor to keep the patient supplied with fresh water, serve juice, write letters, read, run errands for the patients, and perform any other tasks to add to the comfort and enjoyment of the patients. The candy stripers also answer patient call bells. Routine requests or tasks are performed for the patient by the volunteers which free nurses for more important tasks. Nurses are called when patient requests cannot be fulfilled by the volunteer worker.

Although many other concepts of patient relations exist

the foregoing are considered to be among the most important. The true worth of patient relations lies not so much in what is done but in the spirit of how relations with the patient are conducted. When service to the patient is performed with sincerity and with the interest of the patient as first consideration this is recognized by the patient and the reputation of the hospital will be enhanced. When the patient is treated with indifference or animosity it is also recognized that the reputation of the hospital will suffer. Many acts of good patient relations are required to counteract one act performed without consideration for the patient.

B. Military Hospital

Patient relations are those interpersonal relations existing between the patient and the staff and employees of the hospital, and encompasses anything the hospital does to provide service to the patient.[6]

The study of patient relations concepts at military hospitals was centered around the hospital's relations with dependent patients of military personnel. No attempt was made to explore the relations existing between the hospital and their military patients who usually account for eighty per cent or more of their patient population.

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[6]From definitions by Commander J. D. Pruitt, Medical Service Corps, U. S. Navy, Public Affairs Officer, U. S. Naval Hospital, Newport, Rhode Island, and Colonel Moring, U. S. Army, Medical Corps, Commanding Officer, U. S. Army Hospital, Fort Devens, Ayer, Massachusetts.

The primary purpose of the military hospital is to provide medical and nursing care for military personnel and their dependents. That this care is provided becomes the primary concern of the Commanding Officers of military hospitals. That the patient is satisfied with their care is also a matter of no less concern to the commanding officer.

Military hospitals generally cannot afford the luxury of a full time public relations officer so their public relations are generally delegated as a collateral duty of the hospital's administrative officer. He is usually a senior Medical Service Corps Officer without formal training in public relations. Even so he has had years of experience in hospital-patient relations and is the commanding officer's most valuable source of information in patient relations. He occupies a staff position and contributes to policy making at the hospital.

The patient relations concept at military hospitals revolve around patient care, services, food, and facilities. Much of the patient relations at military hospitals is centered around the interpersonal relationship between doctor-patient and nurse-patient. If these relations are pleasant experiences to the patient they have a large influence on the patients attitude to their overall hospitalization.

The contentment and satisfaction of the patient is often influenced by the expectations and attitudes which the patient brings with them to the hospital. The patient who comes to the military hospital for the first time is often unsure of the

treatment and care he will receive. Those who are repeat patients usually come with a knowledge and understanding of the capabilities of the hospital in providing the treatment and care they need.

The commanding officers of military hospitals are aware of the effect which lengthy admission procedures have on the attitudes of the hospital patient and have streamlined the admission procedure to where a minimum of time is required for admission.

The typical patient comes to the military hospital and is seen by a doctor in one of the clinics operated by the hospital. After examining the patient and diagnosing the patient's complaint the doctor has the patient admitted to the hospital if necessary. The patient takes her medical record and the admission slip, signed by the doctor, to the admission clerk. At the U. S. Naval Hospital, Chelsea, Massachusetts, the admission clerk prepares the necessary admission documents while the patient goes to the collection agent and makes a deposit of $17.50 to cover the first ten days of hospitalization.[7] If the patient has not come prepared to make a deposit she is billed upon discharge. Upon completion of the administrative details of admission the patient proceeds to the dependents ward where she is assigned to a room. After she has gotten settled in the room, her temperature, pulse, and blood

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[7]Most military hospitals do not require a deposit, but collect upon discharge. The procedure followed at Chelsea is usually easier on the patient because it eliminates one task upon discharge. If the hospitalization is for a period of more than ten days the patient pays the remainder upon discharge. If the hospitalization was for less than ten days the patient receives a refund by mail.

pressure are taken, and she undergoes any routine or special laboratory test required. When the tests are completed the admission is complete.

Frequently the husband or other member of the patient's family takes care of the administrative details of admission and frees the patient of this task.

Visiting regulations is an area which receives careful consideration at military hospitals. Care is taken to insure that patients are provided with adequate periods of privacy while at the same time allowing family and friends to visit with patients. Visiting hours vary among the military hospitals as to times and length of visiting hours. The general practice favors visiting between the hours of two and four p.m. and six and nine p.m. The U. S. Naval Hospital, Newport, Rhode Island, allows visiting four hours daily with visiting from two to four p.m. and six to eight p.m. At the U. S. Army Hospital, Fort Devens, Ayer, Massachusetts, four hours of visiting daily are also allowed but the evening hours are seven to nine p.m. The U. S. Naval Hospital, Chelsea, Massachusetts allows visiting for two hours a day from two to three p.m. and from seven to eight p.m. but there is no noticeable deterioration of patient morale because of the shorter visiting periods.

Visiting is limited to persons twelve years of age or over. Special arrangements are made in individual situations. At Fort Devens the hospital makes arrangements for overnight

accommodations for the families of patients in critical condition if they live beyond commuting distance of the hospital.[8]

Hospital facilities and services is an area to which the military hospital gives particular attention. The operating funds for military hospitals do not depend on hospital revenues but come from appropriations which are decided many months in advance of actual need. Funds must be carefully administered to insure that they last throughout the period for which they were appropriated. Special care therefore is often needed to maintain the hospital facilities and services at the level expected of these activities.

Some military hospitals are experiencing expanded patient populations at the present because of the combat situation in Viet Nam.[9] These rapidly expanding patient populations with no increase, and often a decrease, in employees places additional burdens on hospital personnel to provide the necessary services to their patients. Commanding officers at these hospitals are particularly alert to patient needs to insure that services do not decline below that which is expected by the patient.

An important concept of good patient relations at the military hospital lies in the food service. Nothing is left undone at the military hospital to provide the patient with a

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[8]Interview with Colonel Moring, U. S. Army, Medical Corps, Commanding Officer, U. S. Army Hospital, Fort Devens, Ayer, Massachusetts, 7 June 1966.

[9]The U. S. Naval Hospital, Chelsea, Massachusetts, experienced an increase from 446 patients in early June 1966 to 532 patients on 27 July 1966.

variety of wholesome appetizing food. The patient receives a menu with her breakfast tray for selecting her meals for the following day. On the day of admission they make their menu selection for the remainder of the day as part of the admission procedure. The patient enjoys a wide selection of menu choices for each meal. Usually having two choices of soup, two or more choices of entrees, four vegetables, two salads, two desserts, and several beverages.

For patients on diets the hospital dietician visits the patient to discuss their likes and dislikes within their dietary restrictions and records and maintains this information in a card file. This information is consulted when preparing meals for the diet patient.

Ever alert to patient complaints and recommendations, the commanding officers of military hospitals personally investigate each patient complaint which comes to their attention. Complaints which are not of a serious matter and which do not involve changes to hospital policy are resolved by department heads if individual physicians or nurses are unable to do so.

Military hospitals usually have a patient relations policy which is covered in various hospital instructions and orders. Additionally there is training in human relations for all enlisted personnel and regular staff conferences which include all doctors and nursing supervisors. Any patient relations problems are discussed at these conferences and corrective action taken as

necessary.[10]

At military hospitals no funds are available specifically for public relations or for patient relations. Although, some money is spent in each area, what money is spent comes from funds available for all administrative expenses. The amount of time spent on patient relations is difficult to define and varies with each hospital. One commanding officer related that all his time was spent on patient relations while another said that patient relations was a more or less spontaneous thing and it would be difficult to separate time spent on patient relations from the time spent on other things, especially when they were often conducted simultaneously.

Patient relations is something which everyone at the military hospital is concerned with. This is not for the personal gain but for the personal satisfaction which is derived from belonging to a team which does a good job and from knowing that one has contributed by his efforts to enhancing the reputation of the organization.

C. The Literature

Patient relations concepts are influenced both by the needs and attitudes of the patient and the capabilities and attitudes of hospital personnel. A program of patient relations is an

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[10]Interview with Commander J. D. Pruitt, Medical Service Corps, U. S. Navy, Public Affairs Officer, U. S. Naval Hospital, Newport, Rhode Island, 9 June 1966.

essential part of the administration of any hospital. Whether the program is set down in writing is not as important as insuring that all hospital employees understand the benefits to the patient and to the hospital which are derived from good patient relations practices.

Hospital-patient relations actually begin before the patient arrives at the hospital. If the hospital enjoys good relations with the community and with previous patients, the stage has been set and the patient usually arrives without prejudices toward the hospital. If these relations have not been good the hospital must expend additional efforts to overcome the existing prejudices.

Good patient relations depends on the comfort, contentment, confidence, and cooperation of the patient. The patient's feeling of security depends to some extent upon the reputation of the hospital. The hospital whose employees take an active and sincere interest in the patient's welfare contribute greatly to improving the reputation of the hospital. Patient relations depends also on the cooperation of all departments of the hospital.

Personnel with whom the incoming patient has first contact should realize the need for tact and human understanding. The first impression is lasting and may influence the patient's view of his treatment during his entire stay. Many a patient's symptoms have become aggrevated by the admitting procedures to which

he was subjected. The patient should be shown to his room. Why not admit him afterwards?[11]

Good patient relations calls for putting the patient as much at ease as possible. Knowing something about what he may expect in the hospital is bound to be reassuring to the patient and a booklet given to him when he is admitted is a good public relations device for little things make the patient feel welcome from the very beginning. A questionnaire for the patient to complete shortly after discharge is a good means of assessing patient's reactions to food, nursing, and other services. If many patients tend to criticize the same point, it is a clear indication that an improvement in the service may be necessary. Most important to the patient of course, is the attitudes of the hospital personnel who come into contact with him.[12] One unfriendly employee can destroy the efforts of many employees who have shown the patient every kindness.

It should be kept in mind that the hospital patient is an unwilling guest who feels that the admitting techniques are lengthy and unnecessary. Nursing care is generally frightening to him. General care of him and his room is rarely understood and often questioned by him. Hospital equipment, which he has never seen, frequently terrifies him. Rules and regulations seem completely

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[11]Lokey Johnson, "Toward Better Patient Relations," Hospital Management. May 1959, p. 16.

[12]Saul Goldsweig, "Organizing A Public Relations Program," Hospital Administration. January 1963, p. 50.

unreasonable to him and are never explained. Financial requests and billing arrangements often are misunderstood by him and also his relatives.[13]

Information regarding admitting entrance, hours of admitting, items needed on admission, visiting hours and regulations, discharge procedures, and financial information, including a list of insurance companies accepted by the hospital would be very enlightening to the patient who is scheduled for admission to the hospital.[14] At the time of admission the patient could also be provided with information sheets on surgery and x-ray or specific operations telling the patient what will happen to them.

Visiting hours and visiting regulations are an area of constant concern in hospital-patient relations. The patient, his family, and friends are all interested in how often and how long they will be able to visit. The hospital, however, must approach visiting from the point of hospital routine as well as patient morale. Some discretion must be used to insure that visiting does not unduly disrupt hospital routine. Consideration must be given to the patient who is sick and is easily upset by extended visits. Consideration must also be given to patients who share accommodations to insure that they are afforded adequate periods of privacy and are not disturbed by visitors of their fellow

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[13]B. J. Caldwell, "Employees Study Patients' Complaints," The Modern Hospital. May 1956, p. 67.

[14]Title, Op. Cit.

patients. The number of visitors must be controlled to prevent crowding in the patient's room. How strictly visiting regulations are enforced will depend on the individual hospital. There are of course special circumstances which always must be taken into consideration.

Visiting hours and regulations should be posted conspicuously inside the visitors entrance so all visitors will be aware of visiting hours and regulations prior to going to the patients room. Some hospitals utilize the services of a volunteer worker to give out visiting information and control the number of visitors going to each room.

The dietary and food service personnel carry a heavy patient relations burden. To most hospital patients, hospital food is different in taste from what they are accustomed to at home. This has nothing to do with the quality or nutritional value of the food but results from the lack of seasoning used in its preparation. From the hospital's viewpoint it is not feasible to prepare three containers of each food to satisfy the need for regular, bland, and salt free diets. The initiative of the dietary department in making their food as tasty and as attractive as possible for all patients results in satisfied patients who enjoy the food and compliment the hospital on its preparation.

The patient should be allowed to choose, within dietary restrictions, the food he wants. When he has a variety of foods

to choose from, ample servings, and prompt service, the patient generally finds the food to his liking.

The patient who is on a strict diet is more apt to complain about the food than the patient who is on a regular diet. In this area the dietician will really be able to contribute to the patient relations of the hospital. Shortly after admission the dietician should visit the patient in their room to determine their likes and dislikes within their dietary restrictions. With this information to assist them in preparation of meals for the diet patient the acceptance of the diet by the patient should be greatly improved.

Careful analysis should be made to determine if patients are really satisfied with the service they receive. One must constantly check with the people he wishes to inform and influence to see how much has actually been understood and absorbed, and of that how much has been accepted.[15] This emphasizes the importance of opinion polls among patients. Such polls help to determine where problems exist. If repeated periodically, they indicate the extent to which opinions have changed.

If the patient feels that the nurses were skilled in giving him personal care, were prompt, and were interested in him as a person, and if he was given prompt and efficient service by laboratory technicians, x-ray technicians, nursing attendants,

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[15]Alden B. Mills, Hospital Public Relations Today. (Berwyn, Illinois: Physicians Record Company, 1965), p. 36.

and orderlies, and had his room cleaned by considerate personnel, he probably feels that he has had good hospital care. If he has not received prompt and considerate service in these areas he probably is not content with his hospital care.

As a part of the hospital's treatment the patient certainly has the right to expect that he will be treated kindly. What the patient really expects in hospital treatment is not a deep psychological understanding but simple courtesy on the part of all personnel, a clean environment, and food he can eat.

Those employees who have contacts with patients and with the general public need to display patience, consideration, imagination, delicacy - in short, good manners and good taste activated by true sympathy and understanding. Of course people differ in their inherent attitudes; some by nature are tactful and kind while others must work hard to cultivate such attributes.[16]

The hospital should conduct indoctrination classes for new employees to insure they are informed of the hospital's patient relations policy and objectives and should be trained in the methods best suited to achieving these objectives.

When the administration of the hospital is concerned with the reputation of the hospital and the attitude of the patients toward their care and services the necessary measures will be taken to achieve the desired patient relations.

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[16]Mills, Op. Cit.

Patient relations covers an almost infinite area. Those mentioned in this chapter are considered to be among the most important but many other activities and services of the hospital and its various employees contribute to the advancement of patient relations and the reputation of the hospital.

IV. SHARED CONCEPTS AND NECESSARY DIFFERENCES AT CIVILIAN AND MILITARY HOSPITALS

Some patient relations concepts are peculiar to civilian and some are peculiar to military hospitals. These concepts are in the minority as most concepts are jointly held by the administration of both civilian and military hospitals.

A. Shared Concepts

Shared concepts of patient relations begin before the patient arrives at the hospital. Civilian and military hospitals both strive to maintain optimum relations with the communities surrounding them and the publics they serve.

Both hospital types share the concept of giving the patients information about their hospitalization prior to their admission. In both hospitals the doctor is the person who provides this information. In the event of a delayed admission the patient is in a position to contact the hospital to obtain any additional information desired.

The concepts of patient relations during admission proceeds along similar lines, although there are variations in the admission procedures even among hospitals of each type. The concept of making the admission as simplified and expeditious as possible for the patient is no more apparent in one type than the other.

At the five hospitals where research information was obtained the average time required for admission did not exceed fifteen minutes.

One of the first tasks of personnel at both type hospitals is to put the patient as much at ease as possible. In the civilian hospital this function is generally performed by someone in the admitting office. Because of the difference in procedures at the two types of hospitals, the doctor at the military hospital usually performs the function of putting the patient at ease.

Concepts of dietary requirements and food service have a striking similarity at both type hospitals. The concept of having the dietician give special attention to patients who are on strict diets is identical at both type hospitals. Menu selection is basically identical at both type hospitals, but the larger the hospital the larger the menu selection. This is not important though as all hospitals visited had adequate variety in menu selection.

Both type hospitals had no patient relations programs which were reduced to writing. The military hospitals cover this in various instructions and orders but none relate exclusively to patient relations. The administration of both type hospitals are none the less aware of the importance of patient relations and take active parts in insuring that good patient relations practices are used. The large hospital with a full time public relations director would be in a better position to have a published program.

Hospital administrators at civilian hospitals and commanding officers at military hospitals both are concerned with patient complaints. Both investigate all patient complaints to adjudicate their authenticity and take necessary action to prevent recurrence.

Concepts were shared in the area of patient services. Administration of both type hospitals are concerned over the personal services which are provided to patients by all hospital personnel. Personal services at the military hospital are not as extensive as they are at the civilian hospital because there are less personnel to provide these services. Most civilian hospitals have an employee-to-patient ratio of two and one-half to one while the normal ratio at the military hospital is less than one and one-half to one. In addition there are significantly less volunteer workers at the military hospital.

The difference in the employee-patient ratio and difference in the number of volunteer workers has no significant effect on the hospital's concept of patient services. Every effort is exerted by each type hospital to insure the comfort, contentment, confidence, and cooperation of the patient and nothing is left undone in providing for their welfare and care.

An important area in which concepts are shared is in the indoctrination and training of new employees. Both type hospitals have a system where new employees are indoctrinated in what is expected of hospital personnel in their relations with patients. The indoctrinations are especially emphatic for those personnel

who provide service directly to the patient.

Both type hospitals also take advantage of staff meetings for discussion of patient relations problems. This gives all members an understanding of the problems which arise and the things which can be done to correct and prevent these problems.

In the use of volunteer workers concepts are shared by both type hospitals. Volunteer workers were especially useful in running errands, making purchases, and providing reading materials for the patients. At the civilian hospitals the volunteer workers are primarily candy stripers and members of ladies auxiliaries. At the military hospitals the primary source of volunteers is from the Red Cross.

Volunteer workers receive recognition for their services at award dinners with pins being awarded to adult volunteers and caps and pins awarded to candy stripers based on the number of hours of volunteer service. News releases of these events are sent to local media and are also featured in house organs.

B. Necessary Differences

Some variation in the visiting procedures is apparent when comparing practices of the two types of hospitals. However, the basic co . pts of allowing liberal visiting is shared by both types. The civilian hospitals tend to favor long continuous visiting hours while the military hospitals tend to prefer shorter hours with two visiting periods. Patients at military hospitals

tend to have fewer visitors than patients at civilian hospitals, probably because they usually have fewer relatives who are located near enough to visit with regularity.

There is a striking dissimilarity between the admission of patients to the two types of hospitals. At the civilian hospital the admitting physician sees the patient in their office and if hospitalization is required contacts the hospital and books the patient for a room and makes arrangements for other hospital facilities as required. For some surgery the patient may wait several days before being admitted to the civilian hospital. At the military hospital the patient is seen by a doctor at one of the clinics operated by the hospital and after examination if it is decided that hospitalization is necessary the patient is admitted to the hospital. It is only in rare instances that the patient at the military hospital is not admitted to the hospital immediately.

Vast differences exist in the fiscal structure of the two types of hospitals. This affects the patients of both type hospitals but each in different ways. The civilian hospital which operates on income derived from the patients hospitalization must have an effective method of collecting bills promptly without creating unfavorable relations with the patients. The military hospital which operates on a fixed yearly appropriation must be able to predict its patient load in advance to insure that there is no interruption of expected services and to insure that patients

will not have to be asked to furnish all of their own convenience items.

These are not areas of concern in patient relations when approached tactfully. When handled without tact these situations can be a source of friction between the hospital and the patient. Patients at the civilian hospital usually have some form of hospital insurance or come prepared to make the necessary financial arrangements for their hospitalization. Patients at military hospitals are generally aware that some convenience items which they will use at the hospital they will furnish themselves. This is not a problem when the patient knows what items they will have to furnish as they usually arrive at the hospital with these items.

V. ANALYSIS OF THE QUESTIONNAIRE FINDINGS

The analysis of the questionnaire findings is presented separately for each hospital. For each hospital the analysis is presented in six parts:

1. Admission procedures
2. Hospital experience
3. Visiting procedures
4. Hospital facilities and services
5. Medical and nursing care
6. Overall evaluation

A. Symmes Hospital, Arlington, Massachusetts

1. Admission Procedures

Who was the first person you received information from upon entry to the hospital?

This question was asked to determine the person who most frequently made the initial impression on the patient as he entered the hospital.

Admissions Clerk - 14
Emergency Room personnel - 7
Doctor - 2
Laboratory personnel - 1
Floor nurses - 1
Night nurse - 1
Do not remember - 4

Did this person make you feel at ease?

The patient was asked this question to determine if adequate attention or information was being provided during admission.

Yes - 24 No - 2 Not applicable - 4

Three of those responding yes added that the admitting clerk was very helpful. Others described the admitting clerk as having a pleasant attitude, extremely courteous, very reassuring, and very good.

Of the two patients who responded in the negative one complained of having to wait for admission because the admitting clerk was admitting another patient. The other patient replied that the nurse in the emergency room tried to put him at ease but was unable to do so.

Of the four patients for whom this question was inapplicable, two did not remember and two were unconscious when they arrived at the hospital.

At what time were you admitted?

The purpose of this question was to determine the frequency of admission at various times during the day.

12 p.m. - 4 a.m. - 2	12 a.m. - 4 p.m. - 13
4 a.m. - 8 a.m. - 0	4 p.m. - 8 p.m. - 4
8 a.m. - 12 a.m. - 7	8 p.m. - 12 p.m. - 4

All planned admissions occurred between twelve a.m. and eight p.m. except one which occurred at eleven p.m. All morning admissions were attributed to admissions of an emergency nature.

Was this an emergency or a planned admission?

This question was asked to determine if the patient had the opportunity to prepare for his admission.

Emergency - 16 Planned - 14

Admissions were almost equally divided between emergency and planned admissions.

Did the admissions procedure seem overly involved to you?

The purpose of this question was to determine the attitude of the patient toward required procedures for admission.

Yes - 1 No - 29

Only one patient thought the admission procedure was overly involved and this patient was concerned about questions relating to his religion and employer rather than the length of time required for admission or the actual procedure.

Of the twenty-nine patients who answered this question in the negative most felt that the admission was conducted expeditiously and were very pleased at how little was involved. The fact that no deposit or other financial arrangements were required put the patient in a favorable state of mind toward the hospital.

How could the admission procedure have been made easier for you?

This question was presented to the patient to give him an opportunity to suggest methods for simplifying the admission procedure.

Two respondents offered suggestions for making the admission procedure easier for the patient. One wanted the information taken

after the patient was settled in his room and the other suggested that some of the paperwork of admission be eliminated.

Many patients who had no suggestions made comments about how easy and simplified the procedure was. One said the hospital called his home the day prior to admission to obtain necessary admitting information. Another patient had filled out a pre-admission slip in advance. No patient reported an admission time in excess of fifteen minutes.

Did someone come to the hospital with you?

This question was asked to determine whether the patient was accompanied by someone who could assist him during his admission to the hospital.

Yes - 28 No - 2

Whom?

The purpose of this question was to identify the person who accompanied the patient as he came to the hospital for admission.

Husband or wife - 9
Other member of immediate family - 12
Roommate or friend - 3
Fellow worker or business partner - 2
Nurse or attendant from nursing home - 2
Not applicable - 2

When the patient was not accompanied to the hospital by a member of the immediate family they were either single or it was the result of an emergency admission. The two patients to whom this question was not applicable represented two patients who arrived at the hospital unaccompanied.

Did you visit the hospital before arriving for admission?

The patient was asked this question to determine his familiarity with the location, surroundings, and physical layout of the hospital.

Yes - 11 No - 19

Of those respondents answering yes to this question, many had been patients at the hospital previously. Some had been to the hospital only to see other patients. One had visited the laboratory at the hospital the day prior to admission and was the only patient who was determined to have visited the hospital in connection with his hospitalization prior to admission.

The high number of respondents giving a negative answer to this question is influenced in part by the large number of emergency admissions.

Did you receive information about your hospital stay prior to admission?

This question was asked to determine if the patient had been provided with information about his hospitalization.

Yes - 15 No - 15

Patients who received information about their hospital stay and those who did not were equally divided. Some who came for regular admission said they received no information and some who came for emergency admission said they did receive information. This latter group had contacted their doctor by telephone and the doctor told them to go to the hospital.

Who provided this information?

This question provided the patient the opportunity to identify the person who provided him with information about his stay in the hospital.

Doctor - 15
Not applicable - 15

In every instance where the patient had received information prior to admission, the information had come from his doctor. This question is not applicable to the fifteen patients who said they received no information.

Did you know what things to bring to the hospital with you?

The purpose of this question was to determine if the patient received information about items needed during hospitalization.

Yes - 19 No - 11

Seven patients who responded positively to this question said they knew from previcus hospitalization, one was told what to bring by friends, and one was told by his doctor. Some who knew what to bring came for emergency admission and brought nothing. Several assumed that only personal items were necessary.

Did you know what to expect in the area of patient services when you came to the hospital?

The patient was asked this question to determine his concept of what he would receive in the way of personal services during hospitalization.

Yes - 20 No - 10

Of those responding yes to this question five expected

general nursing care and one knew what to expect because he is a doctor.

One patient who responded negatively to this question said that he had given this no thought.

Did you know how long your hospitalization would be?

This question was asked to determine if the patient had been advised of the duration of his hospitalization prior to admission.

Yes - 7 No - 23

Those patients who answered yes to this question had been given estimates of the length of their stay by their doctor prior to admission. The high number of negative responses to this question is influenced by the large number of emergency admissions.

What other information would have been helpful to you?

This question presented the patient with an opportunity to identify other information or services he found to be useful and which he felt would be useful to other patients admitted to the hospital.

None - 29

Only one patient felt that more information at the time of admission would have been beneficial to him and this patient was interested only in the minor details surrounding his hospitalization.

2. Hospital Experience

Have you ever been hospitalized before?

The purpose of this question was to determine the patients history of hospitalization.

Yes - 28 No - 2

Those who had been hospitalized previously represented a wide range of hospital experience. Both military and civilian hospitals were represented. The period of hospitalization ranged from two days to seven weeks. The elapsed time since previous hospitalization ranged from less than a month to over fifty years.

Fifteen, or exactly half, had previously been hospitalized at Symmes Hospital.

Of the two patients who had never been hospitalized previously, one was in her early fifties and the other was in his early seventies.

3. Visiting Procedures

Were you aware of the visiting hours and visiting regulations prior to your admission?

This question was asked to ascertain if the patient knew about the hospital visiting policy prior to his admission.

Yes - 17 No - 13

Of the seventeen respondents answering yes to this question two qualified their answers by stating that they were aware of the visiting hours and regulations from previous hospitalization at Symmes Hospital.

How often does your husband/wife get to visit you?

The patient was asked this question to determine the frequency of visits by his spouse.

Daily - 16
Every other day - 1
Not applicable - 13

This question was not applicable to patients who were not married or those whose spouse is deceased.

Are you satisfied with this arrangement?

This question was designed to ascertain if the patient was satisfied with the frequency his spouse was allowed to visit.

Yes - 16 No - 1 Not applicable - 13

The one patient who responded negatively to this question has a wife who does not drive and visiting daily creates something of a hardship for her. Only for that reason does he prefer that she not visit every day. The patient whose wife visited every other day was satisfied with the arrangement.

This question was not applicable to those patients who are unmarried.

How often have you had other visitors during your stay here?

The purpose of this question was to determine the frequency of other visitors.

Daily - 23
Every other day - 5
Twice a week - 1
Seldom - 1

Have you been satisfied with the number of visitors you have had?

This question was asked to determine if the patient was satisfied with the number of people who were allowed to visit him.

Yes - 28 No - 2

One patient who responded yes to this question said he was glad to have lots of visitors because he did not feel bad and enjoyed them.

One of the patients who responded negatively said he had too many visitors and the other would prefer that his parents not visit him quite so frequently.

Have you ever received any complaints about visiting regulations?

The patient was asked this question to ascertain if any visitors had complained to the patient about visiting regulations.

Yes - 1 No - 29

The positive reply came from a patient whose visitors complained because they were asked to wait in the waiting room because the patient already had too many visitors in his room.

What recommendations do you have for improving visiting regulations at the hospital?

The purpose of this question was to allow the patient to make recommendations to the hospital for improving visiting regulations.

None - 28
Longer hours - 1
More visitors in room at one time - 1

Those patients who had no recommendations for improving

visiting regulations felt that regulations are very liberal and leave no room for improvement.

The recommendations for longer hours and more visitors in the room at one time came from young patients who occupied private rooms and had large numbers of visitors.

4. Hospital Facilities and Services

Are you comfortable in your room?

This question was asked to determine the patient's evaluation of hospital personnel to provide for his physical comfort.

Yes - 30 No - 0

Do you find the atmosphere at the hospital cheerful?

The patient was asked this question to determine his evaluation of the attitude of hospital personnel to create a pleasant atmosphere.

Yes - 30 No - 0

Do you find the atmosphere at the hospital pleasant?

The purpose of this question was to determine the patient's assessment of the ability of hospital personnel to create a pleasant atmosphere.

Yes - 30 No - 0

Do you find the atmosphere at the hospital clean?

This question provided the patient the opportunity to comment on his evaluation of the cleanliness of his surroundings.

Yes - 30 No - 0

The overwhelming positive response to the preceeding four

questions do not require additional comment. However, each had its share of comments from pleased patients who wanted to voice their individual feelings of satisfaction.

Do you find the meals at the hospital well prepared and appetizing?

This question was designed to obtain the patient's evaluation of the quality and taste of his food.

Yes - 24 No - 6

The comments made by patients who answered this question positively are numerous and cover a wide range of compliments. Among them:

Food is very delicious - 7
Very good food - 5
Food is well prepared - 4
Lacks seasoning - 3
Meals are good even though I'm on a diet - 2
Seasoned well - 2
Food gets better every day - 1
Well balanced meals - 1
Food is good and I look forward to meal time - 1

Of the six patients who answered this question negatively two were on diets. The other four voiced a dislike for institutional food and added that it lacks seasoning.

In this area some assistance could be provided by the doctors on the hospital staff. Some patients who were on diets were first advised of their dietary restrictions by the hospital dietician. This places an unnecessary burden on the dietician who is, almost without exception, unfamiliar with the necessity for a particular patient's dietary restrictions.

Do you find the food attractive and appetizing in appearance?

This question afforded the patient the opportunity to portray his evaluation of the physical appearance of his food.

Yes - 29 No - 1

Even those who were not satisfied with the preparation and taste of their food had to concede that it looked good on their tray. There was one negative reply from a patient on a strict diet who asserted that diet food required more than dressing up to make it edible.

Do you have a choice of menu?

The patient was asked this question to determine if he had a choice of the food he was served.

Yes - 23 No - 7

The negative responders constituted patients who were on strict diets. They were generally aware that the dietician would come to their room and discuss their likes and dislikes within their dietary restrictions. Some acknowledged that she had already discussed this with them. They just couldn't accept the fact that they must live within their dietary restrictions. Those respondents answering positively reported menu choices of two or three main dishes, several vegetables, two or three salad and dessert choices, and unlimited beverage selections.

How many persons shared your room?

This question was asked to determine the type of accommodations

the patient occupied at the hospital.

Private - 9
One - 18
Three or Four - 3

What recommendations do you have for improving the hospital facilities and services?

The purpose of this question was to provide the patient with an opportunity to make recommendations for improving the facilities and services at the hospital.

None - 26
Recognition of differences in patients personalities - 1
Install towel rack on bedside cabinets - 1
Isolate patients who have delirum tremens - 1
Eliminate hospital gowns for all male patients - 1
Furnish pajamas for all male patients - 1
Furnish TV's and telephones for all rooms - 2
Have dietician visit all patients on strict diets - 1

Those who had no recommendations made many complimentary comments about the existing service. Among them:

Highly efficient staff
Patient receives plenty of attention
Everyone is attentive, kind, and considerate
Everything is fine
Service is exceptionally good
Everything is done that could be expected

5. Medical and Nursing Care

Have you been satisfied with the medical care you have received?

The patient was asked this question to determine whether he was satisfied with the medical care he received at the hospital.

Yes - 28 No - 2

The negative responses resulted from one patient who felt that his doctor had not seen him often enough during his hospital-

ization and from another patient who had received an uncomfortable examination by the doctor who covered for his own doctor on a weekend during his hospitalization.

Positive or negative, this is basically a relationship between the doctor and the patient and the hospital could hardly be expected to create much of a change in either direction.

Have you been satisfied with the nursing care you have received?

This question was designed to determine patient satisfaction with the nursing care provided at the hospital.

Yes - 30 No - 0

The patients were never ending in their praise for the nurses and the nursing care they provide.

Did you discuss any difficulties with the doctors or nurses?

This question was asked to ascertain if patient problems were discussed with their doctor or with the nursing staff.

Yes - 5 No - 0 No difficulties - 25

Those patients who acknowledged to have had any difficulties discussed them with the appropriate persons for resolution.

Were these difficulties satisfactorily resolved?

The purpose of this question was to determine if patient complaints receive prompt attention by the hospital staff.

Yes - 5 No - 0 Not applicable - 25

Those patients who encountered difficulties had them resolved after discussing them with the appropriate persons. This question has no applicability to the twenty-five respondents who had no difficulties.

Were there any individuals on the hospital staff who, more than others, contributed to making your hospitalization pleasant?

This question was designed so the patient could identify, by position or name, those persons who did more than ordinarily expected to make his hospitalization pleasant.

Yes - 5 No - 0 All were pleasant - 25

Nurses, attendants, and x-ray technicians were singled out by position as making special contributions. Patients refused to identify by name for fear of slighting someone who should receive special recognition. The general feeling among all patients interviewed is that the nurses and attendants are all wonderful people who shower the patient with kindness and attention.

Were there any individuals on the hospital staff who, more than others, contributed to making your hospitalization unpleasant?

The patient was asked this question so he could identify, by name or position, those individuals who contributed to making his hospitalization unpleasant.

Yes - 1 No - 0 None were unpleasant - 29

One patient said that one nurse was extremely unpleasant. This nurse was not identified. The patient also complained about visiting regulations and it is assumed that the unpleasantness arose from the enforcement of visiting regulations by the nurse on duty on the floor.

6. Overall Evaluation

How would you classify the medical service and care you have received at this hospital?

This question was asked so the patient could evaluate the medical care and services provided him by the hospital.

Outstanding - 13 Excellent - 16 Good - 1 Fair - 0 Poor - 0

How would you classify the nursing care you have received at this hospital?

The purpose of this question was to allow the patient to assess the nursing care provided him by the hospital.

Outstanding - 13 Excellent - 17 Good - 0 Fair - 0 Poor - 0

How would you classify all other services you have received at this hospital?

This question was designed to obtain the patient's evaluation of all other services provided him by the hospital.

Outstanding - 8 Excellent - 22 Good - 0 Fair - 0 Poor - 0

The preponderance of replies in the excellent and outstanding categories attest to the high esteem patients place on the care and services they receive at Symmes Hospital.

Have you been asked to participate in any survey conducted by the hospital?

This question was asked to determine if the patient had participated in any other surveys sponsored or endorsed by the hospital.

Yes - 0 No - 30

A total negative response to this question was anticipated since no similar survey was being conducted by the hospital.

What recommendation do you have that would contribute to the improvement of services at the hospital?

The purpose of this question was to afford the patient the opportunity to make recommendations for improvement of hospital services.

None - 23
Elimination of hospital gowns for male patients - 1
Nurses should be better paid for the amount of work performed - 1

What suggestions do you have that would be of assistance to future patients being admitted to this hospital?

This question was asked so the patient could make suggestions beneficial to future patients of the hospital.

None - 18
Depends on interests of individual - 5
Should always carry identification - 1
Bring all personal items you would need at home - 2
Bring radio or portable TV - 3
Relax and do not worry - 1
Bring watch - 1
Bring pajamas - 1

7. Summary of Findings

At Symmes Hospital the first contact between patient and hospital personnel was primarily through the admitting clerk and secondarily through emergency room personnel. These personnel were instrumental in placing the patient at ease and reassuring them during this initial contact.

Most planned admissions took place between the hours of 12 a.m. and four p.m. with most admissions at all other hours of an

emergency nature. Admissions of those patients making up the survey were about equally divided between emergency and planned admissions. Almost without exception the patients thought the admission procedures quite simplified and routine. When offered the opportunity to suggest improvements to the admission procedure no patient offered any constructive recommendations.

Husbands, wives, or other members of the immediate family accompanied the patient in over two-thirds of the admissions. Slightly over one-third of the patients visited the hospital prior to admission. Half the patients surveyed received information about their hospitalization prior to admission. In all instances this information was provided to the patient by his doctor.

About two-thirds of the patients acknowledged that they knew what things to bring to the hospital with them. A similar number of patients knew what to expect in the area of patient services at the hospital. Half of the patients admitted as planned admissions received estimates of the length of their hospitalization at the time of admission. The patients generally felt that at the time of admission they had received as much information as necessary. Only two of the patients surveyed had never been hospitalized before.

Slightly less than one-half the patients were not aware of visiting regulations prior to their admission. Those patients who were married were visited daily by their spouse almost without exception. Almost four-fifths of the patients had other visitors daily during hospitalization. In all instances the patients

considered the frequency of visits to be satisfactory. Only one patient received complaints about visiting regulations and this complaint arose from an excessive number of visitors being in the room.

When offered the opportunity to recommend improvements to visiting regulations no constructive recommendations were presented.

All patients surveyed were pleased with their accommodations and were comfortable in their rooms. In addition they found the atmosphere at the hospital to be cheerful, pleasant, and clean.

In the area of food service four-fifths of the patients surveyed found the food to be well prepared and appetizing. Only one patient did not find the food attractive and appetizing in appearance. Almost four-fifths of the patients enjoyed a choice of menu. The remainder were on diets but even those enjoyed some variations.

Almost two-thirds of those patients surveyed shared their room with one other person. Most of the remainder occupied private rooms.

Only a small number offered any suggestions for improving the hospital facilities and services when afforded the opportunity.

Medical and nursing care were areas of almost complete satisfaction. Those persons who had difficulties found them satisfactorily resolved once they were discussed with the medical or nursing staff.

In an overall rating of the medical, nursing, and other

services at the hospital one patient rated the medical service as good. All other patients rated all the services as either excellent or outstanding.

None of the patients offered any constructive suggestions for improvements to services at the hospital.

B. U. S. Naval Hospital, Chelsea, Massachusetts

1. Admission procedures

Who was the first person you received information from upon entry to the hospital?

This question was asked to determine the person who most frequently made the initial impression on the patient as he entered the hospital.

Doctor - 18
Corpsman at information desk - 6
Admitting Clerk - 2
Do not remember - 4

The large number of patients indicating doctors as their first source of information reflects the policy of military hospitals. Patients who make clinic visits are seen by doctors who diagnose their complaints and have them admitted to the hospital for treatment if necessary. Four patients did not remember who the first person to help them was. They either arrived by ambulance or had been a patient for an extended period of time.

Did this person make you feel at ease?

The patient was asked this question to determine if

adequate attention or information was being provided during admission.

Yes - 24 No - 2 Not applicable - 4

Several of those patients who responded yes added that the doctor was wonderful. Two said the admitting clerk or corpsman at the information desk was very helpful. Several said the person was very reassuring and made them feel very much at ease.

Of the two patients who responded negatively one said the person gave her information which enabled her to find the doctor she came to see. The other patient said nothing was done to make her feel at ease.

This question was not applicable to those patients who did not remember the first person who gave them information.

At what time were you admitted?

The purpose of this question was to determine the frequency of admission at various times during the day.

12 p.m. - 4 a.m. - 0	12 a.m. - 4 p.m. - 11
4 a.m. - 8 a.m. - 1	4 p.m. - 8 p.m. - 1
8 a.m. - 12 a.m. - 16	8 p.m. - 12 p.m. - 1

All planned admissions occurred between the hours of eight a.m. and four p.m. All emergency admissions except one occurred between the hours of four p.m. and eight a.m.

Was this an emergency or a planned admission?

This question was asked to determine if the patient had the opportunity to prepare for his admission.

Emergency - 4 Planned - 26

Did the admission procedure seem overly involved to you?

The purpose of this question was to determine the attitude of the patient toward required procedures for admission.

Yes - 2 No - 28

Of the two positive responses to this question one patient felt that the admission procedure was insufficient because all her lab tests were not completed until the second day. The other patient made no qualifying statement about why she felt the procedure was overly involved.

Of those patients responding negatively to this question one was being admitted to a military hospital for the first time and said the procedure was new to her. Two patients responded that the admitting clerk came to her bedside for the information necessary for admission. Three patients reported that someone who accompanied them to the hospital handled the details of admission. Two reported the admission procedure as very simplified and one said it was a normal admission procedure. Most patients realize that a certain amount of information is required for admission and when this information is provided to the admission clerk the admission proceeds smoothly and with a minimum of delays.

How could the admission procedure have been made easier for you?

This question was presented to the patient to give him an opportunity to suggest methods for simplifying the admission procedure.

Two respondents had three suggestions for making the admission procedure easier for the patient. One patient who

arrived at the hospital for a lengthy stay and was accompanied by another woman made the suggestion that help be provided to handle the patients' luggage. She also recommended that the admission procedure be streamlined. However, she had no suggestion as to how this could be accomplished. Another patient suggested that minor details about hospitalization be provided as part of the admission procedure.

The remaining patients responded that there was no way the admission procedure could have been made easier. Two patients also said the procedure was very simplified and that the procedure was very good. One patient replied that the procedure could not be made easier without eliminating necessary information. No patient reported that the entire procedure required longer than thirty minutes and that patient waited for someone ahead of her to be admitted. The usual time reported for admission was less than twenty minutes.

Did someone come to the hospital with you?

This question was asked to determine whether the patient was accompanied by someone who could assist him during his admission to the hospital.

Yes - 29 No - 1

Whom?

The purpose of this question was to identify the person who accompanied the patient as he came to the hospital for admission.

Husband - 13
Other member of immediate family - 10
Friend - 1
Nurse or attendant - 6
Not applicable - 1

In cases where the patient was not accompanied to the hospital by a member of the immediate family it represented an emergency admission in one instance and patients transferred by ambulance from other military hospitals in the area. The one patient to whom this question was not applicable represented a patient who arrived at the hospital unaccompanied.

Did you visit the hospital before arriving for admission?

The patient was asked this question to determine his familiarity with the location, surroundings, and physical layout of the hospital.

Yes - 17 No - 13

Of those patients responding yes to this question some had been patients at the hospital previously. Eight patients responded that they had visited one of the hospital clinics and had been admitted as a result of their visit. Four of those responding negatively to this question were transferred from other military hospitals in the area and three others came independently after being referred to this hospital for specialized treatment not available at the military hospital near their home.

Did you receive information about your hospital stay prior to admission?

This question was asked to determine if the patient had been

provided with information about his hospitalization.

Yes - 23 No - 7

The high number of positive responses to this question reflects the influence of patients visiting one of the clinics at the hospital and being admitted following examination and diagnosis of their complaint by the doctor. The negative responses were represented primarily by emergency admissions.

Who provided this information?

This question provided the patient the opportunity to identify the person who provided him with information about his stay in the hospital.

Doctor - 23
Not applicable - 7

In each instance where the patient acknowledged receiving information prior to admission, the information came from their doctor. This information was always received as a result of a visit to one of the clinics operated by the hospital. The question was not applicable to those patients who said they received no information prior to their admission.

Did you know what things to bring to the hospital with you?

The purpose of this question was to determine if the patient received information about items needed during hospitalization.

Yes - 22 No - 8

Eleven patients who responded positively to this question knew what to bring to the hospital from previous hospitalizations.

Two received their information from previous patients at the hospital and one received some information from the doctor at another military hospital before being transferred.

Of those patients who responded negatively three came only for visits to hospital clinics and did not expect to be hospitalized. Two patients reported that information about specific items was not available at the military hospital from which they were transferred.

Did you know what to expect in the area of patient services when you were admitted to the hospital?

The patient was asked this question to determine his concept of what he would receive in the way of personal services during hospitalization.

Yes - 9 No - 21

Three patients who gave a positive response to this question said they were aware of what to expect from previous hospitalization. Three also responded that they expected general nursing care.

One of the patients who responded negatively said she expected clean sheets daily and a clean room. Another patient who responded negatively stated that the information was not available at the military hospital from which she was transferred.

Did you know how long your hospitalization would be?

This question was asked to determine if the patient had been advised of the duration of his hospitalization prior to admission.

Yes - 16 No - 14

Those patients responding positively to this question had

been advised at the time of their hospitalization the approximate length of their hospitalization. One patient who was originally admitted for two weeks had been hospitalized for several weeks longer because of developments arising after her hospitalization.

Only one patient who responded negatively to this question gave a qualifying statement. This patient said the length of hospitalization would depend on how she responded to treatment. The other respondents who answered negatively had no idea of the length of their hospitalization.

What other information would have been helpful to you?

This question presented the patient with an opportunity to identify other information or services he found to be useful and which he felt would be useful to other patients admitted to the hospital.

None - 26

Three patients would like to have known what personal items they were expected to furnish while at the hospital. One patient would like to have known more details about her hospitalization. This patient was admitted during the early evening hours as an emergency admission and received the information she desired when rounds were made by doctors the following morning.

2. Hospital Experience

Have you ever been hospitalized before?

The purpose of this question was to determine the patients history of hospitalization.

Yes - 29 No - 1

Those who had been hospitalized before represented a wide range of hospital experience. Military and civilian hospitals were both represented. The period of hospitalization ranged from a two day stay for a spontaneous abortion to an eleven month stay for surgery. The elapsed time since previous hospitalization ranged from six weeks to nine years.

Thirteen patients had previously been hospitalized at the U. S. Naval Hospital, Chelsea.

The one patient who had never been hospitalized before was eighteen years old and was admitted for an emergency appendectomy.

3. Visiting Procedures

Were you aware of the visiting hours and visiting regulations prior to your admission?

This question was asked to ascertain if the patient knew about the hospital visiting policy prior to his admission.

Yes - 21 No - 9

Of the twenty-one patients who answered yes to this question seven were aware of visiting hours and regulations from previous hospitalization at Chelsea Naval Hospital. Four others reported that they saw the sign in the lobby as they were entering the building for admission.

How often does your husband get to visit you?

The patient was asked this question to determine the frequency

visits by her spouse.

Daily - 8
Every other day - 7
Twice a week - 6
Once a week - 1
None - 4
Not applicable - 4

Patients whose husbands have not visited are those whose husbands are deployed aboard ships or to overseas areas. Those whose husbands visit at infrequent intervals are patients who were transferred from other military hospitals in the area and daily visits are not feasible because of the distance involved.

This question was not applicable to patients whose spouse is deceased.

Are you satisfied with this arrangement?

This question was designed to ascertain if the patient was satisfied with the frequency her spouse was allowed to visit.

Yes - 23 No - 3 Not applicable - 4

Although many husbands visited their wives at infrequent intervals their wives were satisfied because they understood that in some instances long drives or small children were involved and it was not possible for their husbands to visit more often. Over the years they had become accustomed to separations for various lengths of time and accepted these conditions because of circumstances.

The three patients who gave negative responses to this question were young wives. They recognized that their husbands had operational committments to fulfill but still expressed a

desire to see them more often.

This question was not applicable to those patients whose husbands are deceased.

How often have you had other visitors during your stay here?

The purpose of this question was to determine the frequency of other visitors.

Daily - 9
Every other day - 6
Twice a week - 4
Once a week - 5
None - 6

The relatively large number of patients who had no visitors or had visitors only once a week is indicative of the patients who were sent to Chelsea Naval Hospital by other military hospitals and who have no friends in close proximity to the hospital. No patient was particularly disturbed by their lack of visitors.

Have you been satisfied with the number of visitors you have had?

This question was asked to determine if the patient was satisfied with the number of people who were allowed to visit her.

Yes - 28 No - 2

Of those patients responding yes to this question few made any qualifying statement. One responded that arrangements had been made for her to visit with her small children. Others said they had no complaints about the number of visitors they had.

Of the two who responded negatively to this question one would like to have had more visitors. The other negative respondent found visitors to be upsetting to her emotionally.

Have you ever received any complaints about visiting regulations?

The patient was asked this question to ascertain if any visitors had complained to the patient about visiting regulations.

Yes - 4 No - 26

In each instance where visitors complained about visiting regulations it concerned the hours of visitation. The visitors generally wanted to spend longer periods of time with the patient.

One patient who responded negatively to this question reported that her parents and children, who had traveled a long distance, were allowed to visit with her although visiting hours had ended. Others responding negatively saw the visiting regulations as extremely liberal or quite flexible and satisfactory.

What recommendations do you have for improving visiting regulations at the hospital?

The purpose of this question was to allow the patient to make recommendations to the hospital for improving visiting regulations.

None - 19
Longer hours - 10
Special consideration in exceptional cases - 1

Five patients who had no recommendations for improving visiting regulations felt that present regulations are adequate and flexible when special circumstances are encountered. Several patients felt that to extend visiting hours would interfere with hospital or patient routines to the extent that they would be undesirable.

Suggestions for longer hours came mostly from patients who lived within a reasonable distance of the hospital and had many friends who came to visit. These patients naturally felt the need for extended visiting hours more than those who had very few visitors.

4. Hospital Facilities and Services

Are you comfortable in your room?

This question was asked to determine the patient's evaluation of hospital personnel to provide for his physical comfort.

Yes - 30 No - 0

Do you find the atmosphere at the hospital cheerful?

The patient was asked this question to determine his evaluation of the attitude of hospital personnel to create a pleasant atmosphere.

Yes - 27 No - 3

Of those patients who responded positively to this question three said the atmosphere was very cheerful, one said it depended on the patient and another said there was some deterioration as the later shifts took over.

Two of the three negative respondents stated that the nurses and attendants were so overworked that it was impossible for them to be cheerful all the time.

Do you find the atmosphere at the hospital pleasant?

The purpose of this question was to determine the patient's assessment of the ability of hospital personnel to create a pleasant atmosphere.

Yes - 29 No - 1

Several patients who responded yes to this question made qualifying statements about their answer. Four thought that the atmosphere was very pleasant. One said that under the workload of the nurses and the attendants it was as good as could be expected. One patient said the patient with whom she shared her room was unpleasant and found the atmosphere pleasant after she was moved to another room. One patient felt that the pleasantness depended on how the patient felt.

The patient who gave a negative response was very sick during the first few days of her hospitalization and made no qualifying statement about her answer.

Do you find the atmosphere at the hospital clean?

This question provided the patient the opportunity to comment on his evaluation of the cleanliness of his surroundings.

Yes - 22 No - 8

Several qualifying statements were made by patients responding yes to this question. Three patients said the atmosphere was very clean. One said she had no fault to find with the cleanliness. Three said the rooms were cleaned daily but lack of adequate personnel left some things inadequately done. One patient responded that the windows could be cleaned if more adequate help were available.

Additional qualifying statements were made by the patients who responded negatively to this question. One negative respondent said that because of inadequate help there was room for improvement.

Three patients simply stated that cleaning efforts were inadequate. Two patients also stated that more linens were necessary.

Do you find the meals at the hospital well prepared and appetizing?

This question was designed to obtain the patient's evaluation of the quality and taste of his food.

Yes - 27 No - 3

Eleven patients who responded yes to this question said the meals were very good. One complained that they lacked seasoning. One said the meals are excellent, the soup is especially good and the food is always served hot. One patient commented that the portions were quite generous.

Of those patients responding no to this question one was on a low calorie diet and said there was not way it could be made appetizing. One patient stated that it was typical hospital fare and she lacked an appetite for it. One patient said the selection was not large enough.

Do you find the food attractive and appetizing in appearance?

This question afforded the patient the opportunity to portray his evaluation of the physical appearance of his food.

Yes - 28 No - 2

Four patients who responded positively to this question said the food was very attractive. Three patients said it was attractive most of the time and one patient said the holiday meals were especially attractive.

The patients who responded negatively to this question said

the food was steamed and was not especially attractive.

Do you have a choice of menu?

The patient was asked this question to determine if he had a choice of the food he was served.

Yes - 27 No - 3

Those patients answering this question positively reported a wide choice of entrees, vegetables, salads, and desserts, and an unlimited choice of beverages.

Those respondents giving a negative answer to this question were all on diets. They were aware that they could discuss their likes and dislikes within their dietary restrictions with the dietician and their preferences would be considered when their meals were prepared.

How many persons shared your room?

This question was asked to determine the type of accommodations the patient occupied at the hospital.

Private - 3
One - 21
Four, five, six, or seven - 6

What recommendations do you have for improving the hospital facilities and services?

The purpose of this question was to provide the patient with an opportunity to make recommendations for improving the facilities and services at the hospital.

None - 19
Additional nursing and/or housekeeping help on ward - 8
Answer patient call bells promptly - 1

Attendants could be more friendly - 1
Additional linen - 2
Hospital bed trays - 1

Some patients who had no recommendations for improvement made comments about the existing service. Among them:

The hospital is providing good service
Hospital personnel do everything possible to make the patient comfortable
The services are very good
Extremely satisfied with facilities and service
Hospital personnel are extremely kind in spite of their large workload

5. Medical and Nursing Care

Have you been satisfied with the medical care you have received?

The patient was asked this question to determine whether he was satisfied with the medical care he received at the hospital.

Yes - 30 No - 0

Patients were unending in their praise for the quality of their medical care and the proficiency of the doctors who attended them. The general feeling among all patients was that no better medical care is available anywhere.

Have you been satisfied with the nursing care you have received?

This question was designed to determine patient satisfaction with the nursing care provided at the hospital.

Yes - 28 No - 2

Of those patients responding positively to this question most were full of praise for the nursing staff and the services they provide.

The two patients who were not satisfied with their nursing care made these comments:

> Nursing care could be improved
> Some individuals give excellent service while others have a tendency to put off the patient

Did you discuss any difficulties with the doctors or nurses?

This question was asked to ascertain if patient problems were discussed with their doctor or with the nursing staff.

Yes - 19 No - 0 No difficulties - 11

Patients who acknowledged having had any difficulties directed their questions to the person who they believed would be able to resolve their difficulties for them.

Were these difficulties satisfactorily resolved?

The purpose of this question was to determine if patient complaints receive prompt attention by the hospital staff.

Yes - 18 No - 1 Not applicable - 11

The patient who responded no to this question said hers was a minor difficulty on which no action was taken.

This question was not applicable to patients who responded that they had no difficulties.

Were there any individuals on the hospital staff who, more than others, contributed to making your hospitalization pleasant?

This question was designed so the patient could identify, by position or name, those persons who did more than ordinarily expected to make his hospitalization pleasant.

Yes - 8 No - 1 All were pleasant - 21

Doctors, nurses, and attendants were identified by their position as having made significant contributions toward making hospitalization more pleasant for specific patients. The person who made things more pleasant generally depended on the needs of the individual patient. One patient mentioned that the Red Cross workers had been a great help and comfort.

The general attitude of most patients was that the hospital personnel, in spite of extremely heavy workloads, did all they could to provide the services and care needed by the patient. Were there any individuals on the hospital staff who, more than others, contributed to making your hospitalization unpleasant?

The patient was asked this question so he could identify, by name or position, those individuals who contributed to making his hospitalization unpleasant.

Yes - 4 No - 0 None were unpleasant - 26

The four patients who responded yes to this question said there was one nurse who was unpleasant. It was not determined if all were referring to the same nurse or if each patient referred to a different nurse since no attempt was made to have the patient identify the nurse by name.

6. Overall Evaluation

How would you classify the medical service and care you have received at this hospital?

This question was asked so the patient could evaluate the

medical care and services provided him by the hospital.

Outstanding - 13 Excellent - 14 Good - 3 Fair - 0 Poor - 0

How would you classify the nursing care you have received at this hospital?

The purpose of this question was to allow the patient to assess the nursing care provided him by the hospital.

Outstanding - 8 Excellent - 17 Good - 5 Fair - 0 Poor - 0

How would you classify all other services you have received at this hospital?

This question was designed to obtain the patient's evaluation of all other services provided him by the hospital.

Outstanding - 9 Excellent - 16 Good - 5 Fair - 0 Poor - 0

The large number of patients who responded outstanding or excellent to the preceeding three questions attest to the high esteem patients place on the care and service they receive at the U. S. Naval Hospital, Chelsea, Massachusetts.

Have you been asked to participate in any surveys conducted by the hospital?

This question was asked to determine if the patient had participated in any other surveys sponsored or endorsed by the hospital.

Yes - 0 No - 30

A total negative response to this question was anticipated since no similar survey was being conducted by the hospital.

What recommendations do you have that would contribute to the improvement of services at the hospital?

The purpose of this question was to afford the patient the

opportunity to make recommendations for improvement of hospital services.

None - 21
Additional nursing and/or housekeeping help for the ward - 6
Answer patient call bells promptly - 1
Improve attitudes of attendants to create a more cheerful atmosphere for patients - 2
Additional linens for beds - 2

What suggestions do you have that would be of assistance to future patients being admitted to this hospital?

This question was asked so the patient could make suggestions beneficial to future patients of the hospital.

None - 13
Depends on individual interests of patient - 3
Bring all things necessary to satisfy personal needs - 3
Listen to doctors and nurses and do as told - 3
Do not waste time of nurses and attendants by asking them to perform services you are capable of doing for yourself - 2
Expect to do some things for yourself - 3
Instructions from the hospital in booklet or flyer form to help prepare patient for hospitalization - 2
Complain less - 1
Expect no hasty decisions about your condition. Thorough examinations are made to insure diagnosis is correct - 1
Come with right attitude for hospitalization and keep a bright outlook - 1

In addition to those questions contained in the questionnaire the patients at the military hospital were asked this question:

If you had a choice and could go to either a military hospital or a civilian hospital under medicare coverage which would you choose?

Military - 25 Civilian - 3 No preference - 2

Of those patients indicating a preference for the military hospital five were covered by medical insurance arising from their husbands after retirement occupation. These five patients had declined hospitalization in a civilian hospital and chose the

military hospital instead. In two instances the patients' family was greatly inconvenienced by the choice as the patient lived beyond commuting distance to the hospital.

The general feeling of those patients expressing a preference for the military hospital was that they would not be able to get any better care in a civilian hospital; the patient would be in a more familiar environment at the military hospital; and the patients needs would be better understood by other military personnel.

Of the three patients who expressed a preference for the civilian hospital one preferred the facilities and services offered by the civilian hospital. The other two liked the freedom of selecting their own physician.

7. Summary of Findings

Initial contact between patient and hospital staff was predominantly with the doctors. In most cases the patient was made to feel at ease.

Almost all admissions were made between the hours of eight a.m. and four p.m. Only a small number of admissions were of an emergency nature.

Patients considered the admission procedures to be simplified and necessary. There were no constructive recommendations for improvement of the admission procedure. There was only one patient who arrived at the hospital unaccompanied. Almost four-fifths of the patients were accompanied to the hospital by their spouse or some other member of their immediate family.

Slightly less than three-fifths of the patients had visited the hospital prior to their admission. Almost four-fifths of the patients received information about their hospitalization prior to admittance. In all cases where information was received prior to admission the doctor provided this information.

Over two-thirds of the patients were aware of the things they should bring to the hospital with them. However, less than one-third were aware of what to expect in the area of patient services while at the hospital. Better than one-half the patients were advised at the time of their admission the approximate length of their hospitalization.

Only one patient had not been hospitalized previously. Thirteen of the patients had previously been hospitalized at the same hospital.

More than two-thirds of the patients were familiar with visiting regulations prior to admission. One-half the patients were visited by their spouse either daily or every other day. Only three patients were not satisfied with the frequency of visits by their spouse. One-half of the patients also had other visitors as frequently as every other day.

Only two patients were not satisfied with the number of visitors they had. One patient desired more visitors and one found visitors to be upsetting emotionally. Four patients received complaints about visiting regulations. One-third of the patients suggested longer visiting hours as an improvement to visiting regulations.

All patients reported that they were comfortable in their rooms. Three patients said the atmosphere at the hospital was not cheerful and one said the atmosphere was not pleasant. Eight patients did not find the atmosphere at the hospital clean. Qualifying statements indicate that a noticeable lack of adequate personnel influenced many of the patients who responded negatively.

Only a small number of patients (3) did not find the food well prepared and appetizing. A smaller number (2) did not find the food attractive and appetizing in appearance. All but three patients enjoyed a choice of menu and those three were on strict diets.

Four-fifths of the patients surveyed enjoyed private or semi-private accommodations.

Almost one-third of the patients recommended additional nursing and/or housekeeping personnel on the wards as a method of improving hospital facilities and services.

All patients surveyed were satisfied with the medical care received. All but two were satisfied with the nursing care received. Almost two-thirds of the patients experienced some difficulty which they discussed with the doctors or nurses. In all but one minor difficulty where no action was taken all difficulties were satisfactorily resolved.

Doctors, nurses, and attendants were identified by almost one-third of the patients surveyed as contributing to making their hospitalization pleasant. Four patients said there was one nurse who was unpleasant.

In an overall evaluation of the medical, nursing, and other services at the hospital over four-fifths of all patients rated each category as outstanding or excellent.

As a recommendation for improving services at the hospital one-fifth of the patients surveyed recommended additional nursing and/or housekeeping personnel.

C. Summary of Comparison of the Findings

At Symmes Hospital planned admissions occurred most frequently between twelve a.m. and four p.m. while at Chelsea Naval Hospital the largest number of planned admissions took place between eight a.m. and twelve a.m. Approximately half the patients surveyed at Symmes were emergency admissions against only a small number of emergency admissions at Chelsea.

None of the patients from either hospital were able to provide worthwhile recommendations for improving the admission procedures.

When arriving for admission patients at both hospitals were in most instances accompanied by their spouse or some other member of their immediate family. A greater number of patients at Chelsea had visited the hospital prior to their arrival for admission than at Symmes.

A much larger number of patients received information about their hospitalization prior to admission at Chelsea than at Symmes. A much larger number of patients at Symmes knew

what to expect in the area of patient services than did at Chelsea. A similar percentage at each hospital was advised at the time of their admission of the approximate length of their hospitalization.

Two patients at Symmes and one patient at Chelsea had never been hospitalized previously. Thirteen of the patients at Chelsea and fifteen of the patients at Symmes had been hospitalized in these same hospitals previously.

A greater number of patients at Chelsea than at Symmes were aware of visiting regulations. Patients at Chelsea enjoyed a smaller number of visitors at less frequent intervals than did patients at Symmes. Two patients at Chelsea compared to one at Symmes were not satisfied with the number of visitors they had.

As an improvement to visiting regulations one-third of the patients at Chelsea suggested longer visiting hours. None of the patients at Symmes made any recommendations for improving visiting regulations.

At both hospitals all patients reported they were comfortable in their rooms. At Symmes all patients also reported the existence of a cheerful, pleasant, and clean atmosphere. These items did not rate as highly at Chelsea where three patients reported the atmosphere as not pleasant, one reported the atmosphere as not cheerful, and eight who did not find the atmosphere clean.

Six patients at Symmes versus three at Chelsea did not

find the food well prepared and appetizing. Two patients at Chelsea and one at Symmes did not find the food attractive and appetizing in appearance. Three patients at Chelsea and seven patients at Symmes reported they did not enjoy a choice of menu. These patients were diet patients and even in their cases the dietician visited them to discuss their likes and dislikes within their dietary restrictions.

Twenty-seven patients at Symmes enjoyed private or semi-private accommodations compared to twenty-four patients at Chelsea. At Chelsea almost one-third of the patients recommended additional nursing and/or housekeeping personnel as a method of improving hospital facilities and services. At Symmes only a few patients offered any suggestions. Those offered covered a wide range with only two patients making the same recommendation that a T.V. and telephone be provided for each room.

Medical and nursing care were areas of almost complete satisfaction at both hospitals. Some difficulties in these areas were experienced at both hospitals but after discussion with the doctors or nurses these difficulties were always satisfactorily resolved.

In an overall evaluation of medical, nursing, and other services at the hospital the patients at Symmes gave a higher rating than did those at Chelsea. Even so, over four-fifths of the patients at both hospitals gave an overall rating of outstanding or excellent in these areas.

None of the patients at Symmes made any constructive

recommendations for improving services at the hospital. Six patients at Chelsea recommended additional nursing and/or housekeeping personnel as a method of improving services at the hospital.

VI. IMPLICATIONS OF FINDINGS TO FIELD OF HOSPITAL PUBLIC RELATIONS

In the hospital field there are many obstacles which must be overcome if the hospital is to receive the support of the community and provide the services expected of the hospital. Today hospitals are called upon to do much more than they were designed to do. In many cases their equipment has outgrown the facilities available and the staff is called on to do much more than time allows. Public relations, properly handled, can do much to inform the public of the capabilities and achievements of the hospital and bring about the required support of the community.

To understand the implications of this study to the field of hospital public relations it would perhaps be helpful to review the areas of investigation.

The study began with an examination of the literature pertaining to hospital public relations and patient relations techniques. This was followed by personal interviews with hospital administrators and public relations directors at both civilian and military hospitals to determine current concepts of good patient relations. With the information derived from the literature search and interviews a patient questionnaire was prepared for testing patient attitudes toward current patient relations techniques.

Patient interviews were conducted at a civilian and a military hospital. The study began with an examination of the admission procedures and techniques. This was followed by a review of the patient's record of previous hospitalization. Next came a careful analysis of the visiting regulations and procedures in the areas of both time and other regulations. Hospital facilities were studied with a view toward things which could be furnished or improved to make the patient's hospital stay more enjoyable. Next came an evaluation of the medical and nursing care provided by the hospital, and finally an overall evaluation of the hospital facilities, care, and services.

An important implication to the field of hospital public relations involves the financial arrangements necessary for admission. Administrators, of the two civilian hospitals, interviewed related that it was their policy not to require deposits or financial arrangements at the time of admission. Such an arrangement puts the patient in an amicable frame of mind toward the hospital because it eliminates any impression that the hospital is interested more in the patient's money than his physical well being. Other hospitals would be well advised to follow a similar policy in so far as it fits into their overall fiscal organization. If such a policy is impractical for the hospital some system should be devised so the patient is informed well in advance of their arrival for admission that a deposit or other financial arrangement are required. The admitting physician could be an important ally

of the hospital in this area by making financial requirements of hospitalization known to the patient.

Also important in the field of hospital public relations is information concerning the hospital and hospitalization. Many patients interviewed in both type hospitals reported a lack of information about the hospital, things to bring to the hospital with them, and what to expect in the area of patient services while at the hospital. A small amount of effort and expense directed in this area will pay big dividends in patient relations for the hospital. Information required by the patient or desired by them could be included in a small brochure, booklet, or information sheet which could be made available in the doctors office or mailed to the patient scheduled for admission to the civilian hospital. At the military hospital these information sheets could be made available at the information desk and at the hospital clinics.

This information sheet could also include information about visiting regulations and visiting hours as well as information about special diets, and any other areas in which the hospital desires to provide information. Anything the hospital can do to better prepare the patient for hospitalization is bound to create more favorable relations between the hospital and the patient.

Visiting hours and visiting regulations is an area in which the patient is relatively easy to please. Although there was a

vast difference between visiting hours at the two types of hospitals the patients were generally satisfied with the visiting arrangements. Based on this information the hospital is relatively safe in arranging visiting hours to suit hospital routines rather than to satisfy the desires of visitors. Patients who are well enough to enjoy an abundance of visitors are usually discharged from the hospital within a few days and may enjoy an unlimited number of visitors while they convalesce at home.

Hospital facilities and services are not areas which cause undue concern in patient relations. So long as the patient has a clean room, food that he can eat, and is treated kindly no problems arise. If the patient receives inadequate attention from hospital personnel, is given food which is unappetizing or is poorly prepared, or receives poor housekeeping services then complaints will be forthcoming.

One area in hospital facilities which could improve patient relations involves hospital furnished T.V. sets. Some patients feel that T.V. sets should be part of the furnishings of every hospital room. Some hospitals provide coin operated T.V. sets which are a source of patient discontent. This is especially so if the patient owns or has access to a portable T.V. set which they could bring to the hospital with them, but are denied this privilege because a coin operated set is installed in the room. Patient relations would be served by installing a remote controlled

T.V. set in every hospital room, even at the expense of increased room rates.

Probably the most important implication to the field of hospital public relations is not in the findings of the survey but in the method used in conducting the survey. As pointed out in Chapter III it is important to conduct opinion polls among patients so that the hospital may effectively evaluate the patient reaction to the care and treatment provided. The more assurance the patient has of the anonymity of their answers the more reliable the responses by the patients will be.

The administrator or public relations director can visit an adequate sample of patients in their rooms to obtain first hand information about patient attitudes. The answers obtained will be very reassuring to them that the hospital is satisfying the needs of the patient. In this situation it is impossible to tell how much reflects the true attitudes of the patients and how much the answers are colored by the position of the interviewer. More reliable information about patient attitudes can be obtained by use of an independent researcher or through the use of a patient questionnaire which can be given to the patient to be completed at the patient's leisure after their discharge from the hospital. In the security of their own home the patient will be more apt to express their true feelings toward their hospital care and treatment than when confronted by some member of the hospital staff.

Most patients want to be cooperative and satisfied with their hospital care. Therefore, hospitals which adopt progressive patient relations practices rarely experience any serious patient relations problems. It is the hospital which is immune to any change and takes no measures to improve their patient relations, when an improvement is clearly indicated, that experience patient relations difficulties and direct unfavorable attention toward all hospitals.

Hospital administrators and public relations directors who are not experiencing the patient relations they would like to have would be well advised to carefully review their patient relations program to see where improvements are needed. Hospitals without an organized patient relations program could move in this direction by establishing a program to fulfill their individual requirements.

Among hospitals where patient relations are in need of improvement each hospital has several areas in which its patient relations excel. These areas should be carefully reviewed and the patient relations program built around these strengths. Once a program is initiated, improvements could then be made in areas where problems exist.

VII. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER RESEARCH

A. Summary

This thesis was conceived to test the attitudes of patients toward the care and treatment they receive at both military and civilian hospitals and the effects these attitudes have on the public relations and patient relations of these hospitals. So that the author would have a sound understanding of the application of public relations in the hospital field and its use in patient relations, the author began his study with a definition of "public relations."

The author also sought an understanding and definition of hospital public relations and an understanding of the concepts of hospital patient relations.

The area of study was defined and study procedures determined. The study procedures included a search of available literature for an understanding of the development of patient relations concepts. To test these concepts the administration of two civilian and two military hospitals were interviewed to determine if these concepts were valid in todays hospital operations.

The concepts of the two hospital types were examined to determine in what areas concepts were shared and in what areas there were differences.

Using the information obtained from the literature and the civilian and military hospital administrators a patient questionnaire was constructed. This questionnaire was designed to test patient reactions to current concepts of patient relations. Six areas were explored in interviews with the patients. Those areas were:

1. Admission procedures
2. Hospital experience
3. Visiting procedures
4. Hospital facilities and services
5. Medical and nursing care
6. Overall evaluation

Patients for the survey were selected by random sample from medical and surgical patients at Symmes Hospital, Arlington, Massachusetts, and the U. S. Naval Hospital, Chelsea, Massachusetts. The questionnaire was administered to thirty patients at each hospital. Interviews were conducted over a period of six weeks.

The patient responses were compiled and put into a form which was easily manageable and comparable. From the findings of the patient surveys implications important to the field of hospital public relations and patient relations were determined. Those implications form the basis for recommendations made in this thesis.

The findings of this thesis indicate planned admissions occur almost exclusively between the hours of eight a.m. and four p.m. and emergency admissions occur most frequently between four

p.m. and twelve p.m. Emergency admissions are more frequent at the civilian hospital than at the military.

Patients arrive at the hospital with a good knowledge of what they should have in their possession at the time of admission and what to expect in the area of patient services. Over half of the patients arriving for admission have visited the hospital prior to admission. Most patients received some information from their doctor about their hospitalization, including duration of stay, prior to admission. Almost all patients arrive at the hospital in the company of some member of their immediate family.

About half the patients at each hospital had previously been hospitalized at the same hospital. Only a very small percentage of patients surveyed had never been hospitalized before.

Patients at the civilian hospital enjoyed more liberal visiting regulations than those at the military hospital. However, visiting regulations created little dissatisfaction among patients at either hospital. About a third of the patients at the military hospital suggested longer visiting hours as an improvement to visiting regulations.

Patients at both hospitals found their accommodations comfortable and the atmosphere to be pleasant and cheerful. Although all at the civilian hospital found the atmosphere at the hospital to be clean over one-fifth of the patients at the military hospital did not. Almost exclusively the patients attributed this to a shortage of housekeeping personnel.

Complaints about food at both hospitals came primarily from patients who were on strict diets, especially low calorie diets. Twice as many patients at the civilian hospital complained about food as at the military hospital. A contributing factor in these complaints was the failure of doctors at the civilian hospital to properly brief patients on the necessity for their dietary restrictions.

Although some patients experienced difficulties in the areas of medical and nursing care these difficulties were eliminated by discussions with the doctors or nurses.

In an overall evaluation of the medical, nursing, and other services all patients at the civilian hospital and most patients at the military hospital rated these services excellent or outstanding.

Patients at the civilian hospital had no recommendations for improving services or facilities whereas patients at the military hospital recommended additional nursing and/or housekeeping personnel.

B. Conclusions

The findings of the patient surveys lead to a conclusion that there is basically very little difference in the attitudes of patients at the civilian hospital and the attitudes of dependent patients of military personnel at military hospitals. The patients at the civilian hospital usually expect and get a little more personal attention from attendants than patients at the military hospital. This is to be expected since the civilian hospital has a much higher employee-patient ratio than the military hospital.

No evidence was found that patients at the military hospital are less satisfied with their care and treatment than those at the civilian hospital. In fact some patients at the military hospital had the opportunity to go to a civilian hospital and declined the opportunity in favor of hospitalization at the military hospital. The military dependent generally feels that they are better understood and in a more familiar environment at the military hospital.

The patient comes to the hospital primarily for correction of a physical ailment. Whether this correction is brought about by medicine, surgery, or theraputic care is not really important to the patient. What is important is that they be returned to their normal state of health as expeditiously as possible. If the patient is able to see and feel improvements in his physical condition, his physical surroundings and nursing care have a less pronounced impact on his attitude toward the hospital than patients who feel their condition is not improving.

Some patients complain to excess about everything which is done for them at the hospital and leave hospital personnel with the impression that the patient is never satisfied with the food, service, or care provided. What these patients really seek is not improved service, food, or care, but more personal attention on the part of hospital personnel seasoned with genuine sympathy for the patient. When given the opportunity, few patients make any valid recommendations for the improvement of hospital facilities, care, or services.

A second conclusion concerns the visiting regulations and visiting hours at the hospital. Patients are generally satisfied with the visiting regulations and hours existing at the hospital so long as they are flexible enough to permit members of the immediate family adequate time with the patient. Long visiting hours are usually tiring to the patient, especially if someone is in the room for the entire period of visiting. Long visiting hours also cause an invasion of the privacy of fellow patients if the room is shared. A break in visiting hours is desirable, if only for a thirty minute period, to allow patients some moments of privacy. Visitors who want to continue their visit would not be greatly inconvenienced by these short breaks. Extremely short visiting hours should also be avoided.

It may also be concluded that the best source of information concerning hospitalization is the previous hospitalization experiences of the patient. This is apparent in the patients answers concerning things to bring to the hospital with them, what to

expect in the area of patient services, and visiting regulations and visiting hours. More patients were influenced in these areas by previous hospitalization experience than any other factor.

An information sheet provided by the hospital would be a valuable contribution to patient relations in this area. For the hospital with a small budget this information could be produced by a duplication process for a minimum cost.

C. Recommendation for Symmes Hospital

While the overall administration at Symmes is well organized and administered there are some things which could be done to enhance patient relations. These are not changes to present procedures but are additions to strengthen procedures already in effect.

When reservations are made for a planned admission a fact sheet should be sent to the patient. This fact sheet could be a simple mimeographed sheet containing information about admission and discharge procedures, financial arrangements, necessary items to bring to the hospital, visiting hours and regulations, plus any other hospital policies or information considered necessary or appropriate.

Determine which doctors are not properly briefing their patients on reasons for their dietary restrictions and enlist their cooperation. This can be accomplished relatively easy by the dietary staff when they contact diet patients to determine individual preferences within their dietary restrictions.

A patient questionnaire should be developed to be given to the patient at time of discharge or mailed to the patient shortly after discharge to give the hospital the patient's evaluation of hospital care and services. The questionnaire should be designed so that it can be answered with a minimum of writing. To insure a maximum return a stamped self addressed envelope should accompany the questionnaire.

D. Recommendations for Chelsea Naval Hospital

A patient information sheet is recommended which would list hospital clinics, visiting hours and regulations, financial arrangements, necessary items to bring to the hospital, plus any other hospital policies or information considered appropriate. This could be duplicated for a minimum of cost and should serve to eliminate some misunderstandings on the part of patients.

Several patients made a recommendation for increased visiting hours. It is recommended that hospital routines and visiting regulations be reviewed to determine if longer visiting hours are compatible with hospital routine. Extended visiting hours in the evening should receive special consideration since this is the time most family visiting takes place.

The number of patients who made adverse comments about the housekeeping and nursing services indicate some attention is needed in these areas. It is recommended that personnel allowances and distribution be reviewed and housek ping and

nursing services be examined to determine what actions are necessary to eliminate these complaints.

A patient questionnaire is recommended to allow the patient to comment on the hospital care and services they receive. To insure maximum cooperation and participation on the part of the patient the questionnaire should provide for anonymity, require a minimum amount of writing on the part of the patient, and be accompanied by a stamped self addressed envelope. The questionnaire could be given to the patient at the time of discharge or sent by mail after the patient arrives at home.

E. Recommendations for the Field of Hospital Patient Relations

The progressive hospital should have a patient information sheet which can be sent to the patient at the time a room reservation is made. This information sheet should contain information about admission and discharge procedures, a tactful explanation of the hospital's financial policy, visiting hours and regulations, necessary items to bring to the hospital, and any other hospital policies or information considered necessary or appropriate.

Hospitals should have a well defined financial policy which is adequately and tactfully presented to the public.

If the physical layout of the hospital lends itself to such an arrangement, a separate and well marked entrance should

be used for admissions. In so far as possible the paperwork for a planned admission should be prepared in advance from information provided by the admitting physician.

Visiting hours and regulations should be well defined and conspicuously displayed. In addition visiting regulations should have built in flexibility to cope with special situations.

A patient questionnaire presented to the patient at the time of discharge or mailed to the patient after discharge can be instrumental in enhancing the patient relations of the hospital. Properly designed the questionnaire should allow the patient to remain anonymous while at the same time informing the hospital of the patient's evaluation of services provided by the hospital. To ensure a maximum rate of return the questionnaire should be designed where a minimum of effort is required to complete the questionnaire. A stamped self addressed envelope should accompany the questionnaire.

F. Recommendation for Further Study

A recommended companion study would be a study of employee morale and its effect on patient attitudes. Such a study would be accomplished by interviewing a random sampling of hospital employees to determine the extent of their job satisfaction. The study could precede or follow a survey of patient attitudes and would be conducted at the same hospital.

The hypothesis to be tested is that in a hospital where employee morale is low patient attitudes would follow a trend toward the negative end of a scale. Conversely, where employee morale is high patient attitudes would follow a trend toward the positive end of a scale.

Some questions which might be used in such a survey include:

a. Are you satisfied with your working hours and working conditions?

b. Do you feel that the hospital provides adequate opportunity for advancement?

c. Does your supervisor always give equal consideration to all employees or is favoritism sometimes evident?

d. Does your pay scale compare favorably with others in the hospital who perform similar duties?

e. Is the best qualified personnel always promoted first?

A comparison study of this type would serve a two fold purpose for the hospital. First it would give them some insight into how they were doing in patient relations and provide information about how these relations could be improved. Second it would provide valuable information about the labor relations of the hospital and pinpoint areas where improvements could be made.

Once a positive correlation between employee morale and patient relations is established future surveys could be conducted in either area to determine the current situation in the other area.

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APPENDIX A

Interview Schedule for Hospital Administrators
and Hospital Public Relations Directors

1. How would you define public relations?

2. How would you define patient relations?

3. What is your background and training (experience and education) for your position?

4. How long have you been in your present position?

5. How long in your present field?

6. What is your official title?

7. Where does the Public Relations Director fit into the organization?

8. Is the Public Relations Director a regular member of the hospital staff?

9. Does he contribute to policy making?

10. Is he at a level where he sits in on policy making conferences or committees?

11. Is the Public Relations Director or someone on the administrative staff always available to the press?

12. To what extent is the responsibility for public relations delegated to other personnel?

13. Does the hospital have a patient relations program?

14. What are the elements of the program?

15. How does this fit into the public relations program?

16. What is your public relations budget?

17. How much time and budget is spent on the patient relations aspect of public relations?

18. How much time and budget is spent on other publics?

19. Do you have some method of evaluating patient services?

20. How is this accomplished?

21. What part does the patient play in these evaluations?

22. Do you have a training program or indoctrination program for your employees in their role of fostering good patient relations?

23. How is this program administered?

24. What is your policy on situations which will direct unfavorable attention to the hospital?

25. Do the patients have a choice, within dietary restrictions, of the food they are served?

26. Is there some positive liaison between the people who prepare the patient's food and those who serve it?

27. What are your admission procedures?

28. What are your discharge procedures?

29. What are the hours of admission and discharge?

30. What is the visiting policy and visiting hours?

31. Is the patient advised of the results of blood pressure tests, temperature, and other tests when they are taken?

32. How does the patient attract the attention of hospital personnel when their services are needed?

33. When desired, how do patients obtain the help of a social worker?

34. Is there a special program or special considerations for the handling of children?

35. What use is made of volunteer workers in patient relations programs?

36. What kind of recognition do volunteers receive for their services?

37. What provisions are made for capitalizing on opportunities to tell the public about new facilities, services, accomplishments, and personnel?

APPENDIX B

Questionnaire

Personal Data

Name _____ Hospital Number _____

Address _____

Dependent of _____

Serial Number _____ Rank/Rate _____ Branch _____

Date of Interview _____ Time of Interview _____

Place of Interview _____

Date of Admission _____ Expected Date of Discharge _____

Admission Procedure

1. Who was the first person you received information from upon entry to the hospital?

_____

2. Did this person make you feel at ease?

Yes ___ No ___ Qualification _____

3. What time were you admitted? _____

4. Was this an emergency or planned admission? _____

5. Did the admission procedure seem overly involved to you?

Yes ___ No ___ Qualification _____

6. How could the admission procedure have been made easier for you?

_____

7. Did someone come to the hospital with you?

Yes ___ No ___ Qualification _____

8. Whom? _____

9. Did you visit the hospital before arriving for admission?

Yes ___ No ___ Qualification _____

10. Did you receive information about your hospital stay prior to admission?

Yes ___ No ___ Qualification _____

11. Who provided this information? Doctor ___ Nurse ___

Volunteer worker ___ Other hospital personnel ___

Some other source ___ Do not remember ___

12. Did you know what things to bring to the hospital with you?

Yes ___ No ___ Qualification _____

13. Did you know what to expect in the area of patient services when you came to the hospital?

Yes ___ No ___ Qualification _____

14. Did you know how long your hospitalization would be?

Yes ___ No ___ Qualification _____

15. What other information would have been helpful to you?

_____

_____

Hospital Experience

16. Have you ever been hospitalized before?

Yes ___ No ___ Qualification _____

a. Where? _____

b. When? _____

c. What type hospital was it? Private ___ General ___

City ___ County ___ State ___ Federal ___

d. Was it a voluntary admission or an emergency admission?

Voluntary ___ Emergency ___ Qualification _____

e. Why were you hospitalized? _____

f. How long was your stay? _____

Visiting Procedure

17. Were you aware of the visiting hours and visiting regulations prior to your admission?

Yes ___ No ___ Qualification _____

18. How often does your husband/wife get to visit you? _____

19. Are you satisfied with this arrangement?

Yes ___ No ___ Qualification _____

20. How often have you had other visitors during your stay here?

_____

21. Have you been satisfied with the number of visitors you have had?

Yes ___ No ___ Qualification _____

22. Have you ever received any complaints about visiting regulations?

Yes ___ No ___ Qualification _____

23. What recommendations do you have for improving the visiting regulations at the hospital?

_____

Hospital Facilities and Services

24. Are you comfortable in your room?

Yes ___ No ___ Qualification _____

25. Do you find the atmosphere at the hospital cheerful?

Yes ___ No ___ Qualification _____

26. Do you find the atmosphere at the hospital pleasant?

Yes ___ No ___ Qualification _____

27. Do you find the atmosphere at the hospital clean?

Yes ___ No ___ Qualification _____

28. Do you find the meals at the hospital well prepared and appetizing?

Yes ___ No ___ Qualification _____

29. Do you find the food attractive and appetizing in appearance?

Yes ___ No ___ Qualification _____

30. Do you have a choice of menu?

Yes ___ No ___ Qualification _____

31. How many persons shared your room? _____

32. What recommendations do you have for improving the hospital facilities and services?

_____

_____

Medical and Nursing Care

33. Have you been satisfied with the medical care you have received?

Yes ___ No ___ Qualification _____

34. Have you been satisfied with the nursing care you have received?

Yes ___ No ___ Qualification _____

35. Did you discuss any difficulties with the doctors or nurses?

Yes ___ No ___ Qualification _____

36. Were these difficulties satisfactorily resolved?

Yes ___ No ___ Qualification _____

37. Were there any individuals on the hospital staff who, more than others, contributed to making your hospitalization pleasant?

Yes ___ No ___ Qualification _____

38. Were there any individuals on the hospital staff who, more than others, contributed to making your hospitalization unpleasant?

Yes ___ No ___ Qualification _____

Overall Evaluation

39. How would you classify the medical service and care you have received at this hospital?

Outstanding ___ Excellent ___ Good ___ Fair ___ Poor ___

40. How would you classify the nursing care you have received at this hospital?

Outstanding ___ Excellent ___ Good ___ Fair ___ Poor ___

41. How would you classify all other services you have received at this hospital?

Outstanding ___ Excellent ___ Good ___ Fair ___ Poor ___

42. Have you been asked to participate in any survey conducted by the hospital?

Yes ___ No ___ Qualification _____

43. What recommendations do you have that would contribute to the improvement of services at the hospital?

_____

_____

44. What suggestions do you have that would be of assistance to future patients being admitted to this hospital?

_____

_____

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